Y 1.1/2:SERIAL 14490
United States Congressional Ser

Government
Documents

105th Congress — 2d Session • January 27–December 19, 1998

House Document

No. 280

SUPERINTENDENT OF DOCUMENTS
DEPOSITORY
SEP 0 9 2004
BOSTON PUBLIC LIBRARY
GOVERNMENT DOCUMENTS DEPT

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 1997
VOLUME 2 OF 3

United States Congressional Serial Set

Serial Number 14490

United States Government Printing Office
Washington : 2000

SUPERINTENDENT OF DOCUMENTS
DEPOSITORY
SEP 0 3 2004
BOSTON PUBLIC LIBRARY
GOVERNMENT DOCUMENTS DEPT

105th Congress, 2d Session - - - - - - - - - - - - House Document 105–280

FINANCIAL DISCLOSURE
REPORTS
OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 1997 and December 31, 1997

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1, OF THE HOUSE RULES

(Volume 2 of 3)

JULY 14, 1998.—Referred to the Committee on House Oversight and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

49–736 WASHINGTON : 1998

LETTER OF TRANSMITTAL

OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, July 2, 1998.

Hon. NEWT GINGRICH,
The Speaker, The Capitol,
House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1998. The compilation includes reported financial transactions which occurred between January 1, 1997 and December 31, 1997.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

Sincerely yours,

ROBIN H. CARLE,
Clerk, U.S. House of Representatives.

Enclosure.

RECEIVED

98 MAY 15 AM 10:00

CLERK OF THE HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

8

1417

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Benjamin A Gilman
(Full Name)

2449 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202 225 3776

Filer Status	[X] Member of the U S House of Representatives	State NY District 20	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (I e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Benjamin A. Gilman

DATE (Month/Day/Year): 5/14/98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Pension	Retirement	$11,378.16

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Warwick Savings Bank, Warwick, New York	$1,001 - $15,000	Interest	$1,001 - $2,500	NA
	First Federal Savings Bank, Middletown, NY	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	Congressional Federal Credit Union, Washington, DC	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
	16 Orchard St,, Middletown, NY - COMMERCIAL/HALF RESIDENTIAL	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
	Northwestern Mutual Life, Milwaukee, WI	$1,001 - $15,000	Annuity	$2,501 - $5,000	NA
	Congressional Federal Credit Union, Washington DC - IRA Account	$15,001 - $50,000	Distribution	$1,001 - $2,500	NA
	Middletown Savings Bank, Goshen, NY	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Central Hudson	$1,001 - $15,000	Dividends	None - $200	

1419

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15 001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Warwick Savings Bank Warwick, New York	$1,001 - $15,000	Interest	$1,001 - $2,500	NA
	First Federal Savings Bank, Middletown, NY	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	Congressional Federal Credit Union, Washington, DC	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
	16 Orchard St., Middletown, NY - COMMERCIAL/HALF RESIDENTIAL	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
	Northwestern Mutual Life, Milwaukee, WI	$1,001 - $15,000	Annuity	$2,501 - $5,000	NA
	Congressional Federal Credit Union, Washington DC - IRA Account	$15,001 - $50,000	Distribution	$1,001 - $2,500	NA
	Middletown Savings Bank, Goshen, NY	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Central Hudson	$1,001 - $15,000	Dividends	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	MCI Telecommunications	$15,001 - $50,000	Dividends	None - $200	
SP	Orange County Trust	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	Sale of Business to John Daskalis/DBA Middletown Coney Island Food Service Management, 14 Railroad Ave., Middletown, NY	$500,001 - $1,000,000	Installment payments from sale	$15,001 - $50,000	
SP	Condo-Island Club, 10410 So. Ocean, Jensen Beach, FL	$100,001 - $250,000	Rent	$5,001 - $15,000	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
SP	Orange County Trust, Middletown, NY	Mortgage on 14 Railroad Ave., Middletown, NY	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Association of Physicians of Indian Origin Conference (AAPI)	Jun 28 Jul 4	Newark NJ - Orlando FL - Newark NJ	Y		Y	5 days
Jewish War Veterans 102nd Annual Conference	Aug 30-31	Newark NJ - Nashville TN - Newark NJ	Y		Y	
Freedom Alliance	Dec 4-5	Middletown NY - New York, NY - Middletown NY	Y		Y	

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	World Hunger Year

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
98 MAY 15 PM 4:55

Newton L. Gingrich
(Full Name)

H-232, The Capitol
(Mailing Address)

Washington DC 20515
Daytime Telephone: 202-225-6398

HAND DELIVERED (16)
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State: GA District 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Newt Gingrich

DATE (Month/Day/Year): May 15 1998

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cosmetic Sales/Beauty Control, Inc.	Spouse-Gross Receipts	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Warner Brothers Television Productions/Murphy Brown Show	Actor/Residuals	4/5/97	$156.60

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Wright Patman Congressional Credit Union	$1,001 - $15,000	Interest	$1 - $200	
JT	Southtrust Bank of Georgia	$1 - $1,000	Interest	$201 - $1,000	
SP	Morgan Stanley (MSIF) Municipal Money Market	$50,001 - $100,000	Dividends	$2,501 - $5,000	
SP	Southtrust Bank of Georgia	$1,001 - $15,000	Interest	$1 - $200	
SP	Prudential Money Market Asset Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Carrollton Federal Bank (IRA)	$1,001 - $15,000	Interest	$201 - $1,000	
SP	US Treasury Note 8.75% NTE	None	Interest	$201 - $1,000	Matured

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Writght Patman Congressional Credit Union Checking Account	$1,001 - $15,000	Interest	$1 - $200	
SP	Southtrust Bank of Georgia	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Southtrust Bank of Georgia	$15,001 - $50,000	Interest	None	
SP	Merrill Lynch & Co. Retirement Reserves (SEP)	$1,001 - $15,000	Dividends	$1 - $200	
	Merrill Lynch & Co. SEP (self-directed): 1)Merrill Lynch & Co. Capital Fund CLB (SEP)	$15,001 - $50,000	Dividends	$201 - $1,000	
	2)US Treasury Strips (SEP) (5/15/02)	$15,001 - $50,000	Interest	None	
	3)Merrill Lynch & Co. Retirement Reserves (SEP)	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	Nationsbank (IRA)	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Nationsbank (IRA)	$1,001 - $15,000	Interest	$201 - $1,000	
SP	National Vision Assoc.	$1,001 - $15,000	Dividends	None	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example.	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	US treasury 8.75% NTE (Due 10/15/97)	Sold / Matured	10/15/97	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	United States Treasury	Reimbursement	$100,001 - $250,000

Name	Newton L. Gingrich	Page 7 of 15

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule

For further information, see Instructions, pages 22-24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Mike Flanagan for Congress	1/10/97	Washington,DC - Chicago, IL - Marietta, GA	N	Y	N	None
The Congressional Institute	1/21 - 23/97	Washington, DC - Airlie, VA - Washington, DC	Y	Y	Y	None
NRCC	1/25 - 28/97	Marietta, GA - Los Angeles, CA	Y	Y	Y	None
The Coca-Cola Company	1/28 - 29/97	Los Angeles, CA - Palm Springs, CA - Los Angelse, CA	Y	Y	Y	None
Davos World Economic Forum	1/29 - 2/3/97	Los Angeles, CA - Zurich, Switzerland - Davos, Switzerland - Zurich, Switzerland - Atlanta, GA	Y	Y	Y	None
Friends of Newt Gingrich	2/6 - 10/97	Washington, DC - Williamsburg, VA	Y	Y	Y	None
Boehner for Congress	2/10 - 11/97	Williamsburg, VA - Cincinnati, OH - Washington, DC	Y	Y	N	None
RNC	2/18 - 20/97	Atlanta, GA - West Palm Beach, FL - Atlanta, GA	Y	Y	Y	None
Friends of Newt Gingrich	3/7 - 9/97	Washington, DC - Hershey, PA - Washington, DC	Y	Y	Y	None
Deborah Pryce for Congress	3/21 - 22/97	Washington, DC - Columbus, OH - Washington, DC	Y	Y	Y	None
Cumberland County Republican Pary	4/14/97	Washington, DC - Harrisburg, PA - Washington, DC	N	Y	N	None

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Greenwood for Congress/Jon Fox for Cogress	4/18/97	Washington, DC - Philadelphia, PA - Atlanta, GA	N	Y	N	None
Orange County Republican Party/Seminole County Republican Party/Flordia Republican Party	4/25 - 28/97	Grand Forks, ND Air Force Base - Orlando, FL - Atlanta, GA	Y	Y	Y	None
NRCC	5/22 - 23/97	Washington, DC - Greensboro, NC	N	Y	N	None
Mark Foley for Congress	5/23 - 27/97	Greensboro, NC - West Palm Beach, FL - Atlanta, GA	N	Y	Y	Yes, 4 days
NRCC	6/6 - 8/97	Washington, DC - Miami, FL - Boca Raton, FL - Miami, FL - Atlanta, GA	Y	Y	Y	None
NRCC	6/16/97	Atlanta, GA - Prestonburg, KY	N	Y	N	None
Walter Jones for Congress	6/16/97	Prestonburg, KY - Greenville, NC - Washingto, DC	N	Y	N	None
Jay Dickey for Congress	6/20/97	Washington, DC - Pine Bluff, AK - Marietta, GA	N	Y	N	None
Baker for Congress	6/23/97	Marietta, GA - Baton Rouge, LA - Washington, DC	N	Y	N	None
Robert Aderholt for Congress	6/27/97	Marietta, GA - Birmingham, AL	N	Y	N	None
Emerson for Congress	6/27/97	Birmingham, AL - Cape Girardeau, MO	N	Y	N	None

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Monday Morning PAC	6/27 - 28/97	Cape Girardeau, MO - St. Louis, MO	Y	Y	N	None
Shimkus for Congress	6/28/97	St. Louis, MO - Springfield, IL	N	Y	N	None
Henry Bonilla for Congress	6/28/97	Springfield, IL - San Antonio, TX - Marietta, GA	N	Y	N	None
Friends of Newt Gingrich	8/14 - 18/97	Atlanta, GA - Tampa, FL	Y	N	Y	None
NRCC	8/18/97	Tampa, FL - San Diego, CA	N	Y	Y	None
Monday Morning	8/18 - 19/97	San Diego, CA - Los Angeles, CA	Y	Y	Y	None
Lungren for Governor	8/19 - 20//97	Los Angeles, CA - Sacramento, CA	Y	Y	Y	None
Veteran of Foreign Wars	8/20/97	Sacramento, CA - Salt Lake City, UT - Marietta, GA	N	Y	Y	None
NRCC	8/22/97	Atlanta, GA - Indianapolis, IN	N	Y	N	None
Hagar for Lt. Gov.	8/22/97	Indianapolis, IN - Richmond, VA - Atlanta, GA	N	Y	N	None
Sununu for Congress/ Bass for Congress	8/24 - 25/97	Harrisburg, PA - Manchester, NH - Concord, NH - Manchester, NH	Y	N	N	None
Tiahrt for Congress	8/25 - 26/97	Manchester, NH - Wichita, KS	Y	Y	N	None
NRCC	8/26 - 27	Wichita, KS - Omaha, NE - Bozeman, MT	Y	Y	N	None

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Western States Round-Up	8/27 - 9/1/97	Bozman, MT - Salt Lake City, UT - Boise, ID - West Yellowstone, MT - Gillette, WY - Casper, WY - Midwest, WY - West Yellowstone, MT - Atlanta, GA	Y	Y	Y	None
American Legion 79th Annual Convention	9/2/97	Marietta, GA - Orlando, FL - Washington, DC	N	Y	N	None
Gilmore for Congress	9/4/97	Washington, DC - Potomac, MD - Washington, DC	N	Y	N	None
Detroit Economic Club	9/7 - 8/97	Atlanta, GA - Detroit, MI - Washington, DC	Y	Y	Y	None
Livingston For Congress	9/12/97	Marietta, GA - New Orleans, LA	N	Y	N	None
NRCC	9/17/97	Washington, DC - New York, NY - Washington, DC	N	Y	N	None
Michigan State Republican Party	9/18 - 23/97	Washington, DC - Pellston, MI - Washington, DC	Y	Y	Y	Yes, 3 days
National Federation of Republican Women	9/27/97	Marietta, GA - New Orleans, LA - Marietta, GA	N	Y	N	None
McKeon for Congress	10/1/97	Washington, DC - Van Nuys, CA	N	Y	N	None
Calvert for Congress	10/1 - 2/97	Van Nuys, CA - Riverside, CA	Y	Y	N	None
Cunningham for Congress	10/2/97	Riverside, CA - San Diego, CA	N	Y	N	None

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Hayworth for Congress	10/2 - 3/97	San Diego, CA - Phoenix, AZ	Y	Y	N	None
NRCC	10/3/97	Phoenix, AZ - Reno, NV	N	Y	N	None
NRCC	10/3 - 4/97	Reno, NV - San Diego, CA - Atlanta, GA	Y	Y	N	None
RNC	10/20/97	Washington, DC - Philadelphia, PA - Washington, DC	N	Y	N	None
RNC	10/21/97	Washington, DC - New York, NY - Washington, DC	N	Y	N	None
Gilman for Congress	10/27/97	Atlanta, GA - Surrern, NY - Washington, DC	N	Y	Y	None
Connie Mack for Senate	11/2/97	Washington, DC - Tampa, FL - Atlanta, GA	N	Y	N	None
RNC	11/3/97	Marietta, GA - Chicago, IL - Washington, DC	N	Y	N	None
University of Florida Alumni Association	11/7/97	Washington, DC - Gainsville, FL - Washington, DC	N	Y	N	None
NRCC	11/18 - 19/97	Atlanta, GA - St Louis, MO	Y	Y	N	None
Bob Riley for Congress	11/19/97	St Louis, MO - Aniston, AL	N	Y	N	None

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see instructions, pages 24-26

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash , D.C -Chicago-Wash , D.C	N	N	N	N
Mega Corporation	Aug.8-13	Wash , D.C -Los Angeles-Cleveland	Y	Y	Y	4 Days
JC Watts for Cogress	11/19/97	Anniston, AL - Lawton, OK - Norman, OK	N	Y	N	None
RNC	11/19 - 22/97	Norman, OK - Miami, FL - Marietta, GA	Y	Y	Y	None
ARCO	12/1 - 5/97	Atlanta, GA - London, England - Washingto, DC	Y	Y	Y	None
Ralph Regula for Congress	12/22 - 28/97	Atlanta, GA - Pittsburgh, PA - Atlanta, GA	N	Y	Y	Yes, 4 days

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
N/A	

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
	N/A	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A

For use by Members, officers, and employees

98 APR 17 AM 10: 55

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HENRY B. GONZALEZ AND BERTHA G. GONZALEZ
(Full Name)

2413 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

202 225-3236
Daytime Telephone

WASHINGTON, D.C. 20515

(2)

HAND DELIVERED

MC

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 20th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Henry B. Gonzalez

4/2/98
DATE (Month/Day/Year)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Henry B. Gonzalez

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock			X									X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	Jefferson State Bank		X												X					X									
	San Antonio, TX 78201																												
JT	Camino Real Bank N.A.			X											X						X								
	San Antonio, TX 78220																												
	Wright Patman Credit Union					X									X							X							

For additional assets and unearned income, use next page.

RECEIPTS
98 MAY 14 PM 2:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (Office Use Only)

7

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Virgil H. Goode, Jr.
(Full Name)

115 Orchard Avenue
(Mailing Address)

Rocky Mount, VA 24151

Daytime Telephone
540-483-5558

Filer Status: [X] Member of the U.S. House of Representatives — State VA District 5th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Virgil H. Goode, Jr.

DATE (Month/Day/Year): 5-14-98

Name Virgil H. Goode	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Senate, Commonwealth of VA, Richmond, VA Income for Jan. 1 & 2, 1997 + meeting attended in 1996	Salary	229.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Virgil H. Goode

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples*				
SP	Mega Corp Stock	X	X	X	P
	Simon & Schuster	Indefinite	Royalties		
	1st Bank of Paducah, KY accounts	X	X	X	
	2 acres with old office Rt. 2, Rocky Mount, VA	X	NONE		
	1/8 interest in house & lot, Rt. 1, Henry, VA	X	NONE		
	1/2 interest in 50 acres Rt. 3, Ferrum, VA 24088	X	NONE		
	lot and office 112 N. Main St. Rocky Mt., VA	X	NONE		
	1/2 interest -3 lots Kohler Rt. 1, Fieldale, VA 24089	X	NONE		
	1/2 interest with sister 28 acres, Rt. 1, Henry, VA	X	NONE		

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	1/2 interest in 200 acres in house and land, Rt. 2 Rocky Mount, VA (with sister)					X										NONE																40 acres + house inherited
	1/2 interest with sister in 2 acres at Henry			X												NONE																inherited
	1/2 interest with sister in 7.78 acres in BRD in Franklin County, VA			X												NONE																inherited
	Combined checking saving Crestar Bank, Rocky Mt., VA			X												X						X										
SP	Philip Morris Stock			X										X									X									
JT	Loudoun County Mun. Bond			X												X							X									
SP	Halifax County IDA Bond			X												X							X									
	Crestar Stock							X						X										X								inherited
	Cardinal Stock				X											NONE																inherited
	Capital One Stock					X								X									X									
	Peoples Bank Stock			X										X									X									
	Patrick Henry Bank Stock			X										X								X										
	Central National Bank Stock	X														NONE																
	Shenandoah National Bank Stock	X														NONE																
	Mountain National Bank Stock			X										X								X										
	Patriot Bank Stock			X										X								X										
	Vanguard Municipal Bond Fund				X											X							X									
	Tultex Stock		X													NONE																
	Comdial Stock			X												NONE																
	First Union Stock						X							X										X								Swapped Merrill into First Union

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Vanguard Municipal Bond Fund	C	INTEREST	II	
	Chase Manhatten Common Stock	C	DIVIDENDS	III	
	Chase Manhatten Preferred Stock	C	DIVIDENDS	III	
	B. Perdue Notes, Roanoke, VA	D	INTEREST	VI	
	B & C Jackson Note, Glade Hill	C	INTEREST	II	Paid off
	Dominion Note (now First Union)	C	INTEREST	III	
	Beneficial Preferred	C	DIVIDENDS	III	
	Henry Co. Plywood Stock	C	DIVIDENDS	II	
	ATT Stock	B	DIVIDENDS	II	
	Lucent Technologies Stock	B	DIVIDENDS	II	
	Homestake Stock	C	DIVIDENDS	II	
	SBC Communications Stock	C	DIVIDENDS	II	
SP	Newport News Mun. Bond	C	INTEREST	III	
	Mod-U-Kraf Homes Stock	C	DIVIDENDS	II	
	Mainstreet Bank Stock	C	DIVIDENDS	III	
	Franklin Co. Mun. Bond	C	INTEREST	III	
	Signet Banking Bond	C	INTEREST	III	
	Wheat First IRA	C	INTEREST	II	
SP	Crestar IRA	C	INTEREST	II	
	Congressional Fed. Credit Union	C	INTEREST	II	
	Trigon Stock	C	NONE		Inherited

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Virgil H. Goode, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	Chesapeake Bay Bridge Bond	X			2-2-98	X									

This page may be copied if more space is required.

Name Virgil H. Goode, JR | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Bipartisan Congressional Retreat at Hershey, PA	Mar. 7-9	I drove to Hershey Wash, D.C. to Hershey, PA	Y	Y	Y	

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 14 PM 4:55

MC

(9)

(Office Use Only)

Robert W. Goodlatte (Full Name)

3725 Dogwood Lane, SW (Mailing Address)

Roanoke, VA 24015

(202) 225-5431 Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State VA District 6 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Robert W. Goodlatte

DATE (Month/Day/Year) 5/13/98

1450

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	Glenn, Feldman, Darby & Goodlatte, P.C., Roanoke, Virginia	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Goodlatte, Robert W. | Page 3 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
SP	Mega Corp Stock	X (E)	X DIVIDENDS; X INTEREST	X (IV)	P
DC	*Examples* Simon & Schuster	Indefinite	Royalties		
JT	1st Bank of Paducah KY accounts	X (F)	X INTEREST	X (VI)	
JT	Central Fidelity Bank Roanoke, VA (savings & Ch)	X (C)	X INTEREST	X (IV)	
JT	First Union Nat'l Bank	X (C)	X INTEREST	X (III)	
JT	Nationsbank, Roanoke, VA (savings)	X (C)	X INTEREST	X (II)	
	Central Fidelity Bank Roanoke, VA	X (C)	X INTEREST	X (IV)	
	Crestar Bank, Roanoke, VA (IRA)	X (C)	X INTEREST	X (III)	
SP	Crestar Bank, Roanoke, VA (IRA)	X (C)	X INTEREST	X (III)	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W. | Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
JT	Greenwood Trust Co., DE			X												X						X										
	Charter Federal, Roan.VA			X												X						X										
	Conn.Mutual Life(life ins.)			X										X								X										
SP	CATS Ser D Coupon (401K)			X												X						X										S
SP	Delaware Delcap Fund (401K)			X										X								X										S
SP	Duff & Phelps Util. Inc.				X									X										X								P
SP	Guardian Park Ave. FD(401K)				X									X									X									
SP	Houston Industry Wrnts(401K)			X										X									X									
SP	KrogerCo. Bonds (401K)			X												X							X									
SP	Walmart Stores Note (401K)			X												X							X									
SP	Bond Fund of America (401K)				X									X										X								P
SP	New Perspective Fund (401K)				X									X								X										
SP	New York Venture Fd. (401K)				X									X									X									
SP	BankersTr. Mkt. Linked				X											X					X											P
SP	Bankers Tr. Eufe Linked				X											X					X											P
SP	Fed. Nat. Mtg. CMO Bond401K				X											X								X								
SP	Seligman Comm. (401K)				X									X							X											
SP	Sogen Int. Fund (401K)				X									X									X									
	Janus Fund (IRA)				X									X							X											
SP	Old Kent Financial (IRA)			X										X								X										
SP	GNMA Gov't Sec Fd. (IRA)		X											X								X										
SP	Merrill Lynch Global Bd.Fd.			X										X									X									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Merrill Lynch Fd.for Tomrw				X									X							X											
SP	Merrill Lynch Glb.Nat.ResTr			X										X								X										
SP	Wash. Mutual Inv. Fd. (IRA)			X										X								X										
SP	Merrill Lynch Retire Res.			X												X							X									
SP	Nicholas Fund (IRA)			X										X							X											
JT	American Funds Tx Expt Bnd				X									X										X								
	Lanns Manus Group Ptnsp.			X											X						X											S
SP	Glenn,Feldman,Darby,Goodlte					X								X							X											
JT	Fund AmericanInv.Coll.Mtg.			X												X								X								
JT	VirginiaZeroCouponBonds			X												X					X											
JT	Ind Nat'lMort.Corp.STF			X												X								X								
	AG Edmonds Daily Cash Funds			X												X						X										
	Coll.Mort.Obl.Tr. RNMA(IRA)	X														X						X										
	Templeton Foreign Fund(IRA)			X										X									X									P
SP	J.C.BradfordMoneyMrkt.401K				X											X								X								
JT	MFS VA.MunicipalBd.Fund				X											X								X								
DC	Central Fidelity BK				X											X								X								
	Investment Co.of America				X									X									X									
JT	T Rome Price Int. Stock Fd.			X										X									X									
	Note from Bird Kinder,Huffm.				X											X								X								
SP	Ray Ellison Accept.Corp401K			X												X							X									
SP	McDonald's Corp. Pref.(IRA)			X										X									X									S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Goodlatte, Robert W. | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	Templeton Foreign Fund (IRA)	X			12-16-97	X									
SP	Bond Fund of America (401K)	X			1-14-97	X									
SP	Duff & Phelps Utilities (401K)	X			1-14-97	X									
SP	Bankers Trust Co. Mkt. Linked (401K)	X			4-22-97		X								
SP	Delaware Group Delcap Fund (401K)		X		4-22-97	X									
SP	Bankers Trust Co. Mkt. Linked (401K)	X			7-16-97		X								
SP	Bankers Tr. Eute Linked CD (401K)	X			9-24-97		X								
SP	CATS - Ser D Coupon (401K)		X		9-24-97	X									
SP	McDonald's Corp. Pref. Stock (IRA)		X		12-3-97	X									
SP	Bankers Trust Co. Mkt. Linked (401K0		X		7-23-97		X								
SP	Lanns Manus Group Partnership		X		5-19-97	X									

This page may be copied if more space is required.

Name Goodlatte, Robert W. | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Crestar Bank, Roanoke, VA	Mortgage on 22 W. Church Ave. ~~partnership~~ liab. of Lanns Manus Group ~~shared with other partners~~					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Broiler Council	Jan. 23-24	Roanoke, VA to Atlanta, GA to Roanoke, VA	Y	Y	N	N
	Aspen Institute	Mar. 7-9	Washington, DC to Hershey, PA to Washington, DC	Y	Y	Y	N
	National Meat Canners Assoc.	May 4-5	Roanoke, VA to White Sulphur Springs, WVA to Roanoke, VA	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Partner	Lanns Manus Group

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED
98 MAY 18 AM 8 27
INSIDE MAIL (7)
MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

William Franklin Goodling
(Full Name)

R.D. #3, Box 3026-A
(Mailing Address)

Daytime Telephone (202) 225-5836

Seven Valleys, PA 17360

Filer Status	[X] Member of the U S House of Representatives	State PA District 19	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	[X]	[ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL: William F. Goodling

DATE (Month/Day/Year): 5-14-98

Name William F. Goodling	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
PA Public School Retirement	Teachers Pension	6,004
York Suburban School District	Spouse's Salary	N/A
Christmas Tree Hill, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name William F. Goodling | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	Value of Asset (A–L)	Type of Income	Amount of Income (I–XI)	Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp Stock		X		P
DC	Examples: Simon & Schuster	Indefinite		Royalties	
JT	1st Bank of Paducah, KY accounts	X			
	Thoroughbread Horses (see pg. 7)	X	Fees and gross proceeds	X	P, S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name William F. Goodling | Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–97		X								
JT	Thoroughbred Horse		X			X									
JT	Thoroughbred Horse		X			X									
JT	Thoroughbred Horse	X				X									

This page may be copied if more space is required.

Name William F. Goodling | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Congressional Federal Credit Union	Notes	X									
JT	First Capitol Bank	Notes			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name William F. Goodling | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Feb 14-17	Balt, MD - Orlando,FL-West Palm,FL-Baltimore	Y	Y	Y	N
	Nat'l Center for Family Literacy	Apr 20-21	Balt, MD - Louisville, Kentucky-Balt. MD	Y	Y	N	N
	Harwich Republican Town Com.	Apr25-26	Baltimore-Hyannis-Balt., MD	Y	Y	N	N
	Kalamazoo Foundation	Nov 24	Harrisburg, PA -Pitts. -Kalamazoo, MI	N	Y	N	Y
	Aspen Institute	Aug 17-21	Washington,DC-Frankfurt to Dresden	Y	Y	Y	N

This page may be copied if more space is required.

Goodling Thoroughbreds
1997

Interest	Type	Name of Horse	Transactions	Estimated Fair Market Value 12/31/96	12/31/97
1/3	Raised Filly	Elegant Lady		1,000	1,000
1/3	Raised Colt	Captain Brass	Sold	1,000	-
1/3	Share of Stud	Dover Ridge		500	500
1/3	Share of Stud	Allen's Prospect		3,000	3,000
Full	Raised Weanling	Unnamed '97		-	1,000
Full	Broodmare	Winning Falcon		2,500	2,500
Full	Raised Filly	Norquestor	Sold	3,000	-
Full	O Say - Filly	Unnamed '97	Purchased	-	3,500
				11,000	11,500

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members officers and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 14 PM 3:01
INSIDE MAIL
MC (Office Use Only)

Barton Jennings Gordon - 940 E Northfield Blvd, Murfreesboro, TN
(Full Name)

2201 Rayburn Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-4231

Filer Status					
	X	Member of the U S House of Representatives	State TN District 06		Officer or Employee — Employing Office
Report Type	X	Annual (May 15)			Amendment — Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL — Barton J. Gordon

DATE (Month/Day/Year) 5/13/98

1466

Name Barton Jennings Gordon - 940 E Northfield Blvd, Murfreesboro, TN	Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples.* SP Mega Corp Stock 123 Main St , Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	304 A Street, SE, Washington, DC (Rental Unit)	None	Rent	$5,001 - $15,000	S
	Wright Patman Credit Union Account, Washington, DC	$100,001 - $250,000	Interest	$1,001 - $2,500	
	Lindner Fund IRA	$15,001 - $50,000	Dividends	None N/A	
	Schroder Wertheim & Co. (mutual stock fund)	$100,001 - $250,000	Dividends	$5,001 - $15,000	P

Name Barton Jennings Gordon - 940 E Northfield Blvd Murfreesboro TN Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Schroder Wertheim & Co	Purchase	dividend reinvestment on various dates	$50,001 - $100,000
	304 A Street SE (Rental Unit)	Sold	12-15-97	$50,001 - $100,000

Name	Page ___ of ___
Barton Jennings Gordon - 940 E Northfield Blvd, Murfreesboro, TN	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Sallie Mae - Speech on Impact of '96 Elections on Higher Education	2/13/97-2/14/97	Wash-San Diego-Phoenix	Y	Y	N	None
Tobacco Institute - Congressional Panel	2/14/97-2/16/97	Phoenix to Wash	Y	Y	N	None
Federal TransTel - Speech on Federal Regulations on Telephony	5/8/97 - 5/9/97	Wash - Atlanta - Nashville	Y	Y	N	None
BNFL	8/11/97 - 8/20/97	Wash - Atlanta - Manchester, England - Atlanta - Nashville	Y	N	N	2 days
Teleservices Industry Association - Speech at Annual Conference	1/21/97 - 1/22/97	Wash - Las Vegas - Los Angeles	Y	Y	N	None

BART GORDON
6TH DISTRICT, TENNESSEE
COMMERCE COMMITTEE
SCIENCE COMMITTEE
RANKING MEMBER
SUBCOMMITTEE ON SPACE

RECEIVED
98 JUN 11 PM 3:47

HAND DELIVERED

2201 RAYBURN BUILDING
WASHINGTON, DC 20515–4206
(202) 225–4231
FAX (202) 225–6887

106 SOUTH MAPLE STREET
P.O. BOX 1988
MURFREESBORO, TN 37133
(615) 896–1988
FAX (615) 896–8218

17 SOUTH JEFFERSON STREET
P.O. BOX 1140
COOKEVILLE, TN 38501
(931) 528–5907

Congress of the United States
House of Representatives

June 11, 1998

The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

To Whom It May Concern:

I am writing to amend my financial disclosure filing for 1997 with regard to Schedule IV, transactions.

With regard to the purchase of Schroder Wertheim & Company, the date column should read "purchase on January 2, 1997 and dividend reinvestment on various dates". In addition, I erroneously reported the amount of the transaction. The amount should be in the $15,000 to $50,000 range.

Please make these changes to my disclosure as soon as possible. Don't hesitate to call me or Ellen Helm of my staff if you have any questions.

Sincerely,

BART GORDON
Member of Congress

email: bart.gordon@mail.house.gov

Internet: http://www.house.gov/gordon/

98 JUN 11 PM 3:47

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Barton Jennings Gordon - 940 E Northfield Blvd, Murfreesboro, TN
(Full Name)

2201 Rayburn Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-4231

Filer Status	[X] Member of the U S House of Representatives	State TN District 06	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Barton J Gordon

DATE (Month/Day/Year): 5/15/98

1471

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
304 A Street, SE, Washington, DC (Rental Unit)	None	Rent	$5,001 - $15,000	S
Wright Patman Credit Union Account, Washington, DC	$100,001 - $250,000	Interest	$1,001 - $2,500	
Lindner Fund IRA	$15,001 - $50,000	Dividends	None	
Schroder Wertheim & Co (mutual stock fund)	$100,001 - $250,000	Dividends	$5,001 - $15,000	P

1472

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Schroder Wertheim & Co.	Purchase	purchase on 1/2/97 and dividend reinvestment on various dates	$15,001 - $50,000
	304 A Street SE (Rental Unit)	Sold	12-15-97	$50,001 - $100,000

Name Barton Jennings Gordon - 940 E Northfield Blvd, Murfreesboro, TN	Page 4 of 4

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Sallie Mae - Speech on Impact of '96 Elections on Higher Education	2/13/97-2/14/97	Wash-San Diego-Phoenix	Y	Y	N	None
Tobacco Institute - Congressional Panel	2/14/97-2/16/97	Phoenix to Wash	Y	Y	N	None
Federal TransTel - Speech on Federal Regulations on Telephony	5/8/97 - 5/9/97	Wash - Atlanta - Nashville	Y	Y	N	None
BNFL	8/11/97 - 8/20/97	Wash - Atlanta - Manchester, England - Atlanta - Nashville	Y	N	N	2 days
Teleservices Industry Association - Speech at Annual Conference	1/21/97 - 1/22/97	Wash - Las Vegas - Los Angeles	Y	Y	N	None

RECEIVED

98 MAY 13 PM 4:38

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(10)

MR (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

PORTER J. GOSS (Full Name)

P.O. BOX 248 (Mailing Address)

SANIBEL, FL 33957

202-225-2536 Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State Florida District 14	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 12, 1998

Name PORTER J COSS | Page 2 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income. For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction. Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			S
JT	1st Bank of Paducah, KY accounts						X									X									X							P
SP	Berkshire Life Ins. Co		NA											Annuity									X									
SP	National Life of Vermont		NA											Annuity										X								
	Aetna LIFE Insurance				D											X							X									
SP	Fishers Island Utility (Stock)				X									X									X									
JT	Comm. Bank of the Isl. (NOW accts)				X											X							X									
	(Continued on next pg)																															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PORTER J. GOSS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Fishers Island Park NY undeveloped real property								X												X											
JT	Fishers Island Dev. Co.				X																X											
	South Fl Bank-NOW acct			X												X						X										
SP	Barnett Banks, Inc.							X						X												X						
JT	So. Florida Bank			X																	X											
JT	Fleet Bank(Now acct)			X												X						X										
SP	Charles Oliver Trust (Partial interest Beneficiary)							X						X												X						
	Schedule III continues on following pages																															

This page may be copied if more space is required.

PART III - ASSETS AND "UNEARNED INCOME - PORTER J GOSS
(STOCKS, UNLESS OTHERWISE NOTED B = BOND)

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
	ACNielson Corp	B	None	I	
SP	AMP Inc	D	Dividend	IV	
SP	A T & T Corp	E	Dividend	IV	
SP	Abbott Laboratories	F	Dividend	IV	
SP	Air Products & Chemicals	G	Dividend	V	
SP	Airtouch Communication Inc	C	None	I	
SP	Allegheny Co Hosp Devel Auth PA (B)	None	Interest	III	S
	Same as above		Cap Gains	I	
SP	Aluminum Company of America	E	Dividend	IV	
SP	American Brands-Name change-Now Fortune Brands Inc	None	Dividend	I	
SP	American Home Products	H	Dividend	VII	
SP	American International Group Inc	D	Div & Split	II	
SP	Ameritech Corp	G	Dividend	VI	
SP	Argonaut Group Inc	None	Dividend	I	S
	Same as above		Cap Gains	III	
SP	Atlantic Richfield	G	Div & Split	VI	
	Automatic Data Processing Inc	D	Dividend	I	
SP	BHC Communications Inc	E	None	I	
SP	BancOne Corp-Merged with First USA Inc.	E	Dividend	IV	
	Bank of Boston Corp	C	Dividend	II	
SP	Bell Atlantic Corp-Merged with Nynex Corp	G	Dividend	VI	
SP	Bellsouth Corp	E	Dividend	IV	
SP	Bethel Pa Mun Auth Sch Bldg Rev (B)	None	Interest	II	S
	Same as Above		Cap Gains	III	
SP	Boyertown Area Sch Dist PA (B)	D	Interest	IV	
*2	Bristol Myers Squibb Co	G	Div & Split	VI	
SP	Broward Cnty Fla Hsg Fin Auth (B)	None	Interest	III	S
	Same as Above		Cap Gains	I	
SP	Broward Cnty Florida (B)	E	Interest	IV	
SP	Bucks Cnty Pa Cmnty College Auth (B)	E	Interest	V	
SP	Burlington Northern Santa Fe Corp	F	Dividend	V	
SP	Burlington Resources Inc	F	Dividend	IV	

PART III - PORTER J. GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	CPC International Inc	G	Dividend	V	
SP	CSX Corp	E	Dividend	IV	
	Carnival Cruise Lines Inc	C	Dividend	II	
SP	Chevron Corp	E	Dividend	IV	
SP	Cisco Systems Inc	F	None	I	
SP	Clarion Pa Area School District (B)	E	Interest	IV	
SP	Clay Cnty Fla Gas Tax Rev Ref (B)	E	Interest	IV	
SP	Cnty Wtr Swr Dist Collier Fla (B)	E	Interest	IV	
SP	Coca Cola Co	I	Dividend	VI	
	Cognizant Corp.	C	Dividend	I	
SP	Compass Capital Funds	E	None	I	
SP	Compass Capital Pa Muni NM (Bought/sold with 4 days)	G	Interest	I	P,S(Sold 1-2-98)
SP	Coral Springs Fla Franchise Rev (B)	E	Interest	V	P
SP	Corestates Financial Corp Pa	E	Dividend	IV	
SP	Corry Area Sch Dist Pa (B)	D	Interest	IV	
SP	DF Pennsylvania Short Term Tax Exempt Fund	F	Dividend	VI	
SP	DF Pennsylvania Tax Exempt Fund	F	Dividend	VI	
SP	D F Special Stock Fund	F	Dividend	IV	
SP	D P L Inc	E	Dividend	IV	
SP	Dade Cnty Fla Edl Facs Auth Rev (B)	E	Interest	V	P
SP	Dade Cnty Fla Wtr Swr Sys Rev (B)	E.	Interest	IV	
SP	Disney Walt Co	F	Dividend	IV	
SP	Dow Chemical Co	G	Dividend	VI	
	Dunn & Bradstreet Corp	C	Dividend	I	
SP	DuPont E I De Nemours & Co	F	Div & Split	V	
*2	Eastman Chem Co	D	Dividend	III	
*2	Eastman Kodak Co	E	Dividend	IV	
SP	Easton Pa Rfdg Ser A Fgic (B)	E	Interest	V	
SP	Echelon Intl Corp	None	None	I	S
	Same as above		Cap. Gains	II	
SP	El Paso Natural Gas Co	E	Dividend	IV	
SP	Electronic Data Systems	E	Dividend	III	
SP	Emerson Electric	F	Dividend	IV	
	Exxon Corp.	C	Dividend	I	
SP	FPL Group Inc	E	Dividend	IV	
SP	Fed Natl Mtg Assn Inc.	F	Dividend	IV	

PART III - PORTER J GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
*2	Federated FI	I	Interest	VIII	P
SP	First USA Inc-Merged with BancOne	None	Dividend	I	
	Fleet Financial Group	D	Dividend	I	
SP	Florida Progress Corp	D	Dividend	IV	
SP	Florida St Pollution Ctl (B)	None	Interest	II	S
	Same as above		Cap Gains	I	
SP	Fort Myers Fla Impt Rev	E	Interest	V	
SP	Fort Lauderdale Fla Excise Tax (B)	E	Interest	IV	
SP	Fortune Brands Inc.-Name change-Was American Brands Inc	D	Dividend	III	
SP	Gallaher Group Inc PLC-Spin-off from American Brands Inc	D	Dividend	III	
*2	General Electric	I	Div & Split	VII	
	General Motors Corp	C	Dividend	III	
SP	Georgia Pacific Corp	D	Dividend	IV	
SP	Georgia Pacific Corp Tmber Group-Spin-off from Georgia Pacific	C	None	I	
SP	Gillette Co	F	Dividend	IV	
*2	Heinz H J Co	E	Dividend	IV	
	Hewlett-Packard Co	D	Dividend	III	
SP	Home Depot Inc	F	Div & Split	III	
	Household International Inc	D	Dividend	I	
SP	Imation Corp	C	None	I	S
	Same as above		Cap Gain	II	
SP	Intel Corp	E	Div & Split	II	
*2	International Business Machine	H	Div & Split	VI	
SP	International Fund	E	Dividend	IV	
SP	Jacksonville Fla Elec Auth Rev (2005) (B)	E	Interest	V	
SP	Johnson & Johnson	F	Dividend	IV	
SP	Keystone Oaks Pa Sch Auth Sch (B)	D	Interest	III	
SP	Kimberly-Clark Corp	D	Dividend	III	
SP	Lackawanna Cnty Pa New Pub Hsg (B)	D	Interest	IV	
SP	Lee Cnty Fla Cap Impt Rev Ser A (B)	E	Interest	IV	
SP	Lifeline Systems Inc	E	None	I	
SP	Lower Moreland Twp Auth (B)	D	Interest	IV	
SP	Lubrizol Corp	E	Dividend	IV	
SP	Lucent Technologies	D	Dividend	II	
SP	May Department Stores	E	Dividend	IV	
SP	McDonalds Corp	D	Dividend	III	
SP	Merck & Co Inc	I	Dividend	VII	
SP	Microsoft Corp	F	None	I	
SP	Millcreek Twp Pa Swr Auth Swr (B)	C	Interest	III	

PART III - PORTER J GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	Millipore Corp	D	Dividend	III	
SP	Minnesota Mining & Manufacturing	H	Dividend	VII	
SP	Montgomery Cnty PA (B)	E	Interest	V	
SP	Motorola Inc	E	Dividend	III	
SP	Norfolk Southern Corp	F	Div & Split	V	
SP	Nynex Corp-Merged with Bell Atlantic	None	Dividend	I	
SP	Orange Cnty Fla Solid Waste (B)	E	Interest	IV	
SP	Osceola Cnty Fla Gas Tax Rev (B)	E	Interest	V	
SP	Overriding Royalty In State Oil Leases, LA	H	Royalty	IX	
*2	PNC Bank Corp-Was PNC Financial Corp	H	Dividend	VII	
*2	PNC Financial Corp-Name change-Now PNC Bank Corp	None	Dividend	I	
SP	PNC Intermediate Municipal-Now PNC PA Tax Free Income	None	Dividend	I	
*2	PNC International Equity Fund	D	Dividend	III	
SP	PNC Long Term Municipal-Now PNC Long Term PA Tax Free	None	Dividend	I	
SP	PNC Long Term PA Tax Free Income Fund	F	Dividend	VI	
SP	PNC PA Tax Free Income Fund	G	Dividend	VII	
SP	PNC Select Equity Fund	F	Dividend	V	
	PNC Small Cap Growth Fund	D	Dividend	II	
	PNC Tax Free Income Fund	C	Dividend	III	P
SP	PPG Industries Inc	H	Dividend	VII	
SP	Pacific Telesis Group-Merged with SBC Communications Inc	None	Dividend	I	
SP	Pasco Cnty Fla Wtr & Swr Rev (B)	None	Interest	IV	S
	Same as above		Cap Gain	I	
SP	Penna St Higher Edl Facils Auth (B)	D	Interest	III	
SP	Penney J C Co Inc	F	Dividend	V	
SP	Pennsbury Sch Dist Pa (B)	D	Interest	IV	
SP	Pennsylvania St (394853) (B)	D	Interest	IV	
SP	Pennsylvania St (394853) (B)	None	Interest	III	S
	Same as above		Cap Gain	I	
SP	Pennsylvania St Pub Sch Bldg (B)	D	Interest	III	
SP	Pepsico Inc	F	Dividend	IV	
SP	Philip Morris	G	Div & Split	VI	
SP	Pinellas Cnty Fla Swr Rev (B)	D	Interest	IV	
SP	Premark International Inc	C	Dividend	II	
SP	Proctor & Gamble Co	F	Dividend	IV	
SP	Providian Corp	D	Dividend	II	
*2	Raytheon Co	F	Dividend	IV	

PART III - PORTER J GOSS

SP	Royal Dutch Pete Co	E	Dividend	IV	
SP	SBC Communications-Merged with Pacific Telesis	D	Dividend	IV	
SP	Sara Lee Corp	E	Dividend	IV	
SP	Schlumberger Ltd	E	Dividend	III	
	Seattle Wash Ser A (B)	F	Interest	V	P
SP	Sebring Fla Wtr & Wastewtr Rev (B)	E	Interest	V	
SP	Seminole Cnty Fla Sch Dist (B)	E	Interest	IV	
SP	Shade Central Pa City Sch Dist (B)	E	Interest	V	
SP	St Petersburgh Fla Excise Tax (B)	E	Interest	IV	
	TRW Inc	D	Dividend	III	
SP	Transamerica Corp	D	Dividend	III	
SP	Tricon Global Restaurants Inc-Spin-off from Pepsico Inc	C	None	I	
SP	Tupperware Corp	C	Dividend	II	
*2	U S West Communications	F	Dividend	VI	
*2	U S West Inc	E	None	I	
SP	Upper St Clair Twp Pa Sch Auth (B)	C	Interest	III	
SP	WMX-Now Waste Management Inc.	None	Dividend	I	
SP	Wal-Mart Stores Inc	H	Dividend	V	S
	Same as above		Cap Gains	II	
SP	Waste Management Inc.	C	Dividend	II	
SP	West Goshen Sewer Auth Pa (B)	C	Interest	III	
SP	Xerox Corp	E	Dividend	IV	

*2 - Owned separately by spouse and filer

SCHEDULE IV — TRANSACTIONS

Name PORTER J. GOSS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	See following page														
	*** The following stocks are an inheritance from my mother, Virginia Goss, and reporting is not required:														
	AC Nielson														
	Automatic Data Processing														
	Bristol Myers Squibb														
	Cognizant														
	Dunn & Bradstreet														
	Eastman Chemical														
	Eastman Kodak														
	Exxon														
	Fleet Financial														
	General Electric														
	Household International														
	IBM														
	Raytheon														
	US West Communication														
	US West, Inc.														

This page may be copied if more space is required.

SCHEDULE IV - TRANSACTIONS - PORTER J. GOSS

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS
SP	Allegheny Co Hosp Devel Auth PA(B)	Called	11-1-97	C
SP	Argonaut Group Inc	Sale	2-3-97	B
SP	Bethel PA Mun Auth Sch Bldg Rev(B)	Called	4-1-97	C
SP	Broward Cnty Fla Hsg Fin Auth (B)	Called	10-1-97	C
SP	Compass Capital Pa Muni MM	Purchase	12-29-96	G(Sold 1-2-98)
SP	Coral Springs Fla Franchise Rev (B)	Purchase	1-7-97	D
SP	Dade Cnty Fla Ed! Facs Auth Rev (B)	Purchase	2-4-97	D
SP	Echelon Intl Corp	Sale	3-6-97	B
*2	Federated Fl	Purchase	8-1-97	H
SP	Florida St Pollution Ctl (B)	Called	7-1-97	C
SP	Imation Corp	Partial Sale	2-3-97	B
	PNC Tax Free Income Fund	Purchase	2-4-97	B
SP	Pasco Cnty Fla Wtr & Swr Rev (B)	Called	1-16-97	C
SP	Pennsylvania St (3948530)(B)	Called	7-1-97	C
	Seattle Wash Ser A (B)	Purchase	1-29-97	D
	Wal-Mart Stores Inc.	Partial Sale	2-3-97	B

FILER DID NOT INITIATE, GUIDE OR DIRECT ANY OF THESE DISCLOSED TRANSACTIONS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED 145
98 MAY 15 AM 11:07
HAND DELIVERED (5)
(Office Use Only)

Lindsey Olin Graham
(Full Name)

1429 Longworth HOB
(Mailing Address)
Washington DC 20515

Daytime Telephone:
(202) 225-5301

Filer Status					
	[X] Member of the U S House of Representatives	State SC District 03	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)?. **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app. 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/98

1485

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Mass Mutual Life Ins	$15,001 - $50,000	NA	None	NA
	A.G. Edwards IRA	$1,001 - $15,000	NA	None	NA
	Goldman Sachs Trust	$1,001 - $15,000	Mutual Fund	None	P
	Pioneer Small Company Fund	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	Putnam Health Sciences	$1,001 - $15,000	Interest	$201 - $1,000	NA
	Putnam New Opportunities Fund	$1,001 - $15,000	Mutual Fund	None	NA
	MFS Emerging Growth	$1,001 - $15,000	NA	$1 - $200	Purchased (automatic monthly investment from paycheck)

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Charles Schwab & Co (cash acct)	$1,001 - $15,000	Interest	$1 - $200	NA
	First Union Bank (savings acct)	$1 - $1,000	NA	None	NA
	First Union Bank (checking acct) Walhalla, SC	$15,001 - $50,000	Interest	$1 - $200	NA
	Wright Patmam Credit Union (checking)	$1,001 - $15,000	Interest	$1 - $200	NA
	Loan Receivable from "Committee to Elect Lindsey Graham"	$15,001 - $50,000	no interest paid to filer	None	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Goldman Sachs Trust	Purchase	12-26-97	$1,001 - $15,000
	MFS Emerging Growth	Purchase	Automatic monthly investment from paycheck (12 times)	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Education Finance Council	March 6-10	DC-Palm Springs-DC	Y	Y	N	2 days (March 9-10)
FUJI Photo Film, Inc (Greenwood, SC)	January 22-30	DC-Hong Kong-Tokyo-Greenville, SC	Y	Y	N	NA
BNFL, Inc	June 27-July 5	Greenville, SC-London-Greenville, SC	Y	Y	N	3 days

LINDSEY GRAHAM
3D DISTRICT, SOUTH CAROLINA
EDUCATION AND THE WORKFORCE COMMITTEE
NATIONAL SECURITY COMMITTEE
INTERNATIONAL RELATIONS COMMITTEE
1429 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-5301

RECEIVED
98 JUN 10 AM 10: 11

Congress of the United States
House of Representatives
Washington, DC 20515–4003

DISTRICT OFFICES
P.O. BOX 4126
315 S. MCDUFFIE STREET
ANDERSON, SC 29622
(864) 224-7401
129 FEDERAL BUILDING
120 MAIN STREET
GREENWOOD, SC 29646
(864) 223-8251
5 FEDERAL BUILDING
211 YORK STREET NE
AIKEN, SC 29801
(803) 649-5571

June 7, 1998

The Honorable Robin H. Carle
The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 CHOB
Washington, DC 20515-6612

V
MC

Dear Robin,

On Schedule III of my *1996 Financial Disclosure Form*, I characterized an asset as "Mass Mutual Life Insurance (SEP-IRA)". On Schedule III of my *1997 Financial Disclosure Form*, I characterized the same asset as "Mass Mutual Life Ins". To more accurately identify this asset, I would ask that the line on the 1997 Financial Disclosure be changed to "Mass Mutual Life Insurance (SEP-IRA)", because it is the same asset.

Thank you for your attention to this matter. Please do not hesitate to contact me if you have any further questions.

Sincerely,

Lindsey O. Graham
Member of Congress

RECEIVED

96 MAY 22 PM 4:40

CLERK OF THE HOUSE OF REPRESENTATIVES

HAND DELIVERED

mc

(9)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

N. KAY GRANGER
(Full Name)

6464 BRENTWOOD STAIR ROAD
(Mailing Address)

FORT WORTH TX 76112

Daytime Telephone: 202/225-5071

Filer Status	[X] Member of the U.S. House of Representatives	State TX District 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Kay Granger

DATE (Month/Day/Year): 5/21/98

1491

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	John Alden Life Insurance Co , Miami, F	Policy renewal commissions	$215 00
	Blue Cross Blue Shield of Texas	Policy renewal commissions	$11,758.00
	General American Life Insurance, St Louis, M	Policy renewal commissions	$689 00
	Golden Rule Insurance Co , Lawrenceville, Il	Policy renewal commissions	$783 00
	Jefferson Pilot Life Insurance Co , Greensboro, NC	Policy renewal commissions	$443 00
	UNUM Life Insurance, Portland, ME	Policy renewal commissions	$236 00
	Loundes Lambert of Texas, Dallas, T	Policy renewal commissions	$4,500 00
	Kay Granger Insurance Agency, Inc , Ft Worth, TX	Policy renewal commissions	$71,889 00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* JT	SP Mega Corp Stock 123 Main St, Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	7008 Sandybrook, Ft Worth, TX	$50,001 - $100,000	Rent	$5,001 - $15,000	
	Northwestern Mutual Retirement Fund	$15,001 - $50,000	Interest	$15,001 - $50,000	
	Fidelity, Boston, MA (IRA)	None	None	None	Rollover
	Loundes Lambert - Sublease office equipment	None	Rent	$5,001 - $15,000	
	Certificate of Deposit at First Savings Bank, Arlington, TX	None	None	None	Matured
	Cabre Corp. stock	$1,001 - $15,000	Dividends	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

First National Bank of Texas, Decatur, TX	$15,001 - $50,000	Interest	$201 - $1,000	
First National Bank of Texas, Decatur, TX	$1,001 - $15,000	None	None	
Merrill Lynch Cash Management Account: Crescent Real Estate AIM Value Fund Class B Templeton Foreign Fund Class II Cross Timbers Cabre Corp	$15,001 - $50,000	Dividends	$2,501 - $5,000	P
Merrill Lynch IRA Pioneer Capital Growth Fund B Seligman High Yield Bond Fund	$15,001 - $50,000	Dividends	None	Rollover
6412 Locke, Ft Worth, TX	$50,001 - $100,000	Rent	$201 - $1,000	P
4702,4704,4706,4708 Washburn, 1612, 1616 Kenley, Ft Worth, TX	$250,001 - $500,000	Rent	$2,501 - $5,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Fidelity, Boston, MA (IRA)	Rollover/ Exchange	July 25, 1997	$15,001 - $50,000
	Certificate of Deposit at First Savings Bank, Arlington, TX	Purchase	April 24, 1997	$50,001 - $100,000
	Merrill Lynch Cash Management Account	Purchase	April 23, 1997	$15,001 - $50,000
	Merrill Lynch IRA	Rollover/ Exchange	July 25, 1998	$15,001 - $50,000
	6412 Locke, Ft. Worth, TX	Purchase	October 31, 1997	$50,001 - $100,000
	4702, 4704, 4706, 4708 Washburn, 1612, 1616 Kenley, Ft. Worth, TX	Purchase	December 1, 1997	$250,001 - $500,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Colonial Savings, Ft. Worth	Mortgage on 7008 Sandybrook, Ft. Worth, TX	$15,001 - $50,000
	Bank One, Ft. Worth, TX	Mortgage on 6412 Locke, Ft. Worth, TX	$50,001 - $100,000
	Bank One, Ft. Worth, TX	Mortgage on duplex properties at 4702,4704, 4706, 4708 Washburn, 1612, 1616 Kenley, Ft. Worth, TX	$250,001 - $500,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D C.-Chicago-Wash , D C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Heritage Foundation/Empower America	Jan 9-11,1997	DC-Chantilly, VA-DC	Y	Y	N	None
The Aspen Institute	March 7-9, 1997	DC-Hershey, PA-DC	Y	Y	N	None
Union Pacific	April 30, 1997	DC-Omaha, NE-DC	N	Y	N	None
Greater Dallas Chamber of Commerce	Sept 12-13, 1997	Dallas, TX	Y	N	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	Kay Granger Insurance Agency, Inc.
President	Kay Granger & Associates, Inc
Member of the Board	Longhorn Council of Boy Scouts
Member of the Board	First United Methodist Church, Ft. Worth, TX
Member of the Board of Trustees	Texas Wesleyan University
Member of the Development Council	Texas A&M University Business Development Council
Member of the Advisory Board	The Oakridge School, Arlington, TX
Member of the Board	AIDS Outreach Advisory Board, Ft Worth, TX
Member of the Board	Caring for Children
Member of the Board	Wednesday's Child Benefit Corporation
Member of the Advisory Board	Open Arms
Member of the Board	Strategy 2000
Member of the Public Policy Board	United Way
Member of the Capital Campaign Committee	Fort Worth Library Foundation
Member of the Steering Committee	International Collaborative Council

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
1997	I continue to receive commissions from policies sold before my election to Congress, and I am covered by the health plan from Kay Granger Ins. Agency, Inc	NA

KAY GRANGER
12TH DISTRICT, TEXAS
ASSISTANT WHIP

WASHINGTON OFFICE
515 CANNON BUILDING
(202) 225-5071

DISTRICT OFFICE
SUITE 740
1600 WEST 7TH STREET
FT. WORTH, TX 76102
(817) 338-0909

RECEIVED
98 JUN 10 PM 5:15

HAND DELIVERED

COMMITTEES
BUDGET

TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
AVIATION
SURFACE TRANSPORTATION
VICE CHAIRMAN
RAILROADS

HOUSE OVERSIGHT

Congress of the United States
House of Representatives
Washington, DC 20515–4312

June 10, 1998

1

MC

The Honorable Robin Carle
Clerk
U.S. House of Representatives
Washington, D.C. 20515

Dear Ms. Carle:

This to advise that the name of my insurance agency in Fort Worth, Texas, Kay Granger Insurance, was officially changed to G&R Insurance This change was made in order to comply with the letter I received from the Committee on Standards of Official Conduct on March 4, 1997. I inadvertently failed to include the new name for the agency on my 1997 Financial Disclosure Statement. Therefore, I request that this letter of explanation be treated as an amendment to my 1997 Financial Disclosure Statement.

Thank you for your attention to this request.

Sincerely,

Kay Granger

KAY GRANGER
MEMBER OF CONGRESS

KG/ns

KAY GRANGER
12TH DISTRICT, TEXAS
ASSISTANT WHIP

WASHINGTON OFFICE
515 CANNON BUILDING
(202) 225-5071

DISTRICT OFFICE
SUITE 740
1600 WEST 7TH STREET
FT. WORTH, TX 76102
(817) 338-0909

RECEIVED
98 JUN 10 PM 5:15

HAND DELIVERED

COMMITTEES
BUDGET

TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
AVIATION
SURFACE TRANSPORTATION
VICE CHAIRMAN
RAILROADS

HOUSE OVERSIGHT

Congress of the United States
House of Representatives
Washington, DC 20515–4312

June 10, 1998

1
✓
MC

The Honorable Robin H. Carle
Clerk
U.S. House of Representatives
Washington, D.C. 20515

Dear Ms. Carle:

Please be advised that I inadvertently did not report a honorarium/charitable contribution on my 1997 Financial Disclosure Statement submitted on May 22, 1998. I respectfully request that this note of explanation be treated as an amendment to my disclosure statement.

I donated back a $50.00 honorarium to the Fort Worth Museum of Science and History Guild, a non-profit organization, on September 8, 1997, following the speech I delivered to their membership.

Thank you for your attention to this matter.

Sincerely,

Kay Granger

KAY GRANGER
MEMBER OF CONGRESS

KG/ns

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
98 MAY 14 PM 3:53
CLERK
HOUSE OF REPRESENTATIVES
MC
HAND DELIVERED
(Office Use Only)

(8)

Raymond Eugene (Gene) Green
(Full Name)

20711 Trellis
(Mailing Address)
Houston TX 77073

Daytime Telephone
202-225-1688

Filer Status					
	[X] Member of the U S House of Representatives	State TX District 29	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app § 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Raymond Eugene (Gene) Green

DATE (Month/Day/Year) 5/14/98

1502

Name Raymond Eugene (Gene) Green	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Aldine Independent School District Houston, T	Spouse Salary	NA
	Employees Retirement System of Texas Austin, TX	Legislative Pension	$6,372.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Raymond Eugene (Gene) Green | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP: Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Homestead 379 County Fair Houston, TX	$50,001 - $100,000	No Income	None	
JT	Homestead 20711 Trellis Houston, TX	$100,001 - $250,000	No Income	None	
JT	Condominium Austin, TX	$15,001 - $50,000	No Income	None	
SP	2 Houses- McRae Lake Subdivision Montgomery County, TX	$15,001 - $50,000	No Income	None	
SP	Rural Land 20.049 Acres Montgomery County, TX	$15,001 - $50,000	No Income	None	
JT	NationsBank	$50,001 - $100,000	Interest	$1,001 - $2,500	

Name Raymond Eugene (Gene) Green | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Individual Retirement Accounts Texas Commerce Bank- Airline	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	Aldine Teacher's Credit Union, Houston Union	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Graphics Art Credit Union Houston TX	$1 - $1,000	Interest	$1 - $200	
DC	NationsBank Houston TX	$1,001 - $15,000	Interest	$201 - $1,000	NA
DC	NationsBank Houston TX	$1,001 - $15,000	Interest	$201 - $1,000	
DC	Compass Bank Houston TX	$1 - $1,000	Interest	$1 - $200	NA
JT	Prudential Insurance Interest & Spouse Deferred Compensation	$1,001 - $15,000	Interest	$201 - $1,000	
	International Typographical Union	None	Amt determined upon retirement	None	
JT	Compass Bank Houston, TX	$1 - $1,000	Interest	$1 - $200	NA
DC	Union Texas Petroleum	$1 - $1,000	Dividends	$1 - $200	P
JT	Merchants Bank Houston, TX	$50,001 - $100,000	Interest	$5,001 - $15,000	

Name Raymond Eugene (Gene) Green	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	National City Mortgage Louisville, KY	Mortgage on 20711 Trellis Houston, TX	$50,001 - $100,000

Name Raymond Eugene (Gene) Green	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash , D.C -Chicago-Wash , D C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute	Feb. 14-17	Hou-Ft.Lauderdale-Houston	Y	Y	Y	No
National Cable Television Association	Feb 19-20	Hou-Austin-Hou	N	Y	N	No
National Cable Television Association	Mar. 15-16	Hou-New Orleans-Hou	Y	Y	Y	No
Association of American Railroads	April 4-7	Hou-Palm Beach-Hou	Y	Y	Y	No
Texas School Food Services Association	June 16	Hou-Corpus Christi-Hou	N	N	N	No
Seneca Resources & Diamond Offshore Drilling	August 18	Hou-Offshore rig in Gulf of Mexico-Hou	N	Y	N	No
American Israel Education Fund	Aug. 2-10	DC-NY-Tel Aviv-NY-Hou	Y	Y	Y	2 days
Aspen Institute	Mar. 7-9	DC-Hershey,PA-DC	Y	Y	Y	No

Name Raymond Eugene (Gene) Green	Page _ of _

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Major	Texas State Guard, Uncompensated Serve under the State Government

Name Raymond Eugene (Gene) Green	Page ___ of ___

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
5/90	International Typographical Union	Receive pension upon retirement

RECEIVED - CENTER

98 MAY 14 PM 4:35

HC HAND DELIVERED (6)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

James Charles Greenwood
(Full Name)

2436 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-4276

Filer Status	[X] Member of the U S House of Representatives	State PA District 08	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL James Greenwood

DATE (Month/Day/Year) May 14, 1998

1510

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bucks County, Pennsylvania	Spouse salary	NA
	Commonwealth of Pennsylvania	Pension for House & Senate service	$5,448.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Bonds - Refco strips	$1,001 - $15,000	Increased value in IRA	None	NA
Bonds - Certificate Accrual Treasury Securities	$1,001 - $15,000	Increased value in IRA	None	NA
MUTUAL FUNDS - Mentor Capital Growth Class BL	$1,001 - $15,000	Increased value in IRA	None	NA
MUTUAL FUNDS - Mentor Income & Growth Class BL	$1,001 - $15,000	Increased value in IRA	None	NA
MUTUAL FUNDS - Mentor Growth Fund	$1,001 - $15,000	Increased value in IRA	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

MUTUAL FUNDS - Mentor Perpetual Global Fund Above IRA held by Wheat, First Union	$1,001 - $15,000	Dividends	None	NA

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Population Action Int'l sponsored a trip to Bolivia to see the impact of int'l family planning on Bolivia	Jan 30-Feb 3	Wash., DC - La Paz, Bolivia - Wash., DC	Y	Y	N	None
The Aspen Institute's Bipartisan Congressional Retreat	March 7-9	Erwinna, PA - Hershey, PA - Erwinna, PA	Y	Y	Y	None
The Aspen Institute's Conference on "Relations Between the U.S. and Russia"	May 24-28	Philadelphia - Barcelona - Philadelphia	Y	Y	Y	None
Congressional Economic Leadership Institute	Nov 16-23	Philadelphia - Frankfurt - Paris - Philadelphia	Y	Y	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Director (unpaid)	Bucks County (PA) County on Alcoholism
Director (unpaid)	The Woods Schools

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 14 AM 10: 39

Luis V. Gutierrez
(Full Name)

2132 West Cortland, Chicago, Illinois 60647
(Mailing Address)

(773) 509-0999
Daytime Telephone

HAND DELIVERED

MC
(Office Use Only)

(4)

Filer Status	[X] Member of the U.S. House of Representatives	State IL District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 8, 1998

Name	Page 1 of
Luis V. Gutierrez	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Second Federal Savings/Loan Association	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Luis V. Gutierrez | Page 3 of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C								Block D										Block E
		A None	B $1 – $1,000	C $1,001 – $15,000		E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X									X																		P
DC	Simon & Schuster			Indefinite																	Royalties												
JT	1st Bank of Paducah, KY accounts						X										X										X						
JT	Mid-Town Bank Savings					X											X								X								N/A
JT	LaSalle Bank N.A.					X											X							X									N/A

For additional assets and unearned income, use next page.

Name Luis V. Gutierrez | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, a the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid direc by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under t Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is tota independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expens
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Sila Calderon for Mayor of	Jan/2-4,1997	Chicago, IL.--San Juan,P.R.	Y	Y	Y	N
	San Juan, Puerto Rico		San Juan, P.R.--Chicago,IL.				2 days

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY -5 PM 3:55

(5)

Rep. Gil Gutknecht
(Full Name)
425 Cannon Office Bldg.
Washington, D.C. 20515
(Mailing Address)

202-225-2472
Daytime Telephone

HAND DELIV.
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State Minnesota District 1st	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Gil Gutknecht

DATE (Month/Day/Year): April 29, 1998

1520

Name Gil Gutknecht | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Aldrich Nursery School	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Gil Gutknecht | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Examples				
SP	Mega Corp. Stock	X (A: None; E: $50,000 – $100,000)	X (DIVIDENDS)	X (IV: $1,001 – $2,500)	P
DC	Simon & Schuster	Indefinite (B: $1 – $1,000)	Royalties (Other Type of Income)	X (VIII: $100,001 – $1,000,000)	
JT	1st Bank of Paducah, KY accounts	X (F: $100,001 – $250,000)	X (INTEREST)	X (VI: $5,001 – $15,000)	
JT	AT+T, stock	X (C: $1,001 – $15,000)	X (DIVIDENDS)	X (III: $201 – $1,000)	
JT	Bell South, stock	X (E: $50,000 – $100,000)	X (DIVIDENDS)	X (IV: $1,001 – $2,500)	
JT	State Capital Cr. Union Savings	X (D: $15,001 – $50,000)	X (INTEREST)	X (III: $201 – $1,000)	
JT	NW Bank, sav. + check	X (D: $15,001 – $50,000)	X (INTEREST)	X (III: $201 – $1,000)	
	Fasteral stock, IRA	X (C: $1,001 – $15,000)	reinvested	X (II: $1 – $200)	P
	Chrysler Corp, IRA	X (C: $1,001 – $15,000)	↓	X (II: $1 – $200)	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gil Gutknecht

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Templeton Growth, IRA			X											reinvested						NA											
	Oppen. Main St. Inc. & Gr. IRA			X																												
	Dean Witter Liq. Asset, IRA			X																												
SP	Berger 100 mutual, IRA			X																												
SP	Templeton Growth, IRA			X																												
SP	Schwab money mkt., IRA		X																													
JT	Lucent Tech.			X										X								X										
JT	Fastenal stock			X										X								X										P
	MN. State Ret. Sys. - def comp. OCHS Services			X													X				NA											
	MN state Ret. Sys. - legislative pension	no specific value																			NA											
SP	Teacher's Insurance & Annuity Assn. - retirement			X													X				NA											

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Gil Gutknecht | Page 5 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
JT	Fastenal stock	X			3-11-97	X									
	Fastenal stock, IRA	X			3-11-97	X									

This page may be copied if more space is required.

GIL GUTKNECHT
1ST DISTRICT, MINNESOTA

COMMITTEE ON
GOVERNMENT REFORM
AND OVERSIGHT

COMMITTEE ON SCIENCE

RECEIVED
93 MAY 13 PM 4:05

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–2301

May 13, 1998

MC (1)

This letter is to certify that I am amending my Financial Disclosure Statement for Calendar Year 1997.

I failed to include travel payments on Schedule VII (Travel Payments and Reimbursements) on my 1997 Financial Disclosure Report.

Information that should be included in my Disclosure is:

Source:	Aspen Institute
Dates:	March 7-9, 1997
Itinerary:	DC-Hershey, PA-DC
Travel:	By train, $106.00
Meals/Room:	$234.00

Please include this information in any reports issued concerning my Financial Disclosure Statement for Calendar Year 1997.

Thank you for your prompt attention to this matter.

Sincerely,

Gil Gutknecht

Gil Gutknecht, M.C.

WASHINGTON OFFICE
425 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2301
(202) 225–2472
(202) 225–3246 FAX

HOME OFFICE
MIDWAY OFFICE PLAZA
1530 GREENVIEW DRIVE SW SUITE #108
ROCHESTER, MN 55902
(507) 252–9841
(507) 252–9915 FAX
IN MN: 1–800–862–8632 TOLL FREE

PRINTED ON RECYCLED PAPER

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Ralph M. Hall
(Full Name)

2221 Rayburn House Office Building
(Mailing Address)

(202)225-6673
Daytime Telephone

Washington, D.C. 20515

mc HAND DELIVERED (8)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 04	[ ] Officer or Employee	Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ralph M. Hall

DATE (Month/Day/Year): 5-11-98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Employee Retirement System of Texas	Legislative Pension	$41,183

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	Securities:																																
	Crowley Holding Co.							X							X													X					
	Lakeside National Bank					X									X											X							
	Lakeside Bancshares								X						X														X				
	North & East Trading					X																X											
	Caddo Estates East		X																			X											S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RALPH M. HALL RMH

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Notes Receivable:																															
	North & East Trading						X														X											
	R. Hampton Hall					X															X											
	Brett A. Hall				X																X											
	Hall Law Office				X																X											
	Oil Interest:																															
	Caddo Parrish, La.			X																			X									
	Real Estate:																															
	152 A. Hunt Co., Tx.						X														X											
	15 A.Henderson Co.,Tx	X															X									X						S
	2 Lots Harbor Landing				X																X											
	D.C. Townhouse						X														X											
	451 A.,Jack Co., Tx						X																	X								
	Building, Rockwall, Tx					X															X											P
	5 A. Rockwall, Tx						X														X											P
	Partnership Interest:																															
	Chihal Limited	X														X									X							S

This page may be copied if more space is required.

Name RAPH M. HALL

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-97		X								
	5 A., Rockwall, Tx	X			06-06-97				X						
	Commercial Bld., Rockwall, Tx	X			06-06-97			X							
	15 A., Henderson County, Tx.		X		02-18-97		X								
	Chihal Limited Partnership,Rockwall,Tx		X		06-06-97	X									
	Caddo Estates East		X		06-06-97			X							

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Lakeside National Bank, Rockwall, Tx	Business Loans, Harbor Lot, Commercial Bld.				X						
	American Bank, Sherman, Tx.	Crowley Holding, Lakeside Bancshares, 5 Acres.					X					
	Bank of Crowley, Crowley, Tx.	Jack County			X							
	Community Bank, Rockwall, Tx.	152 A. Hunt County				X						
	Flagstar Bank, Irving, Ca.	Washington Townhouse			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Lloyd Wilcox, Rockwall, Tx	Lakeside Bancshares		X								
	Loretta Myers, Rockwall, Tx	Lakeside Bancshares			X							
	E.K. Slaughter, Rockwall, Tx	Crowley Holding Co.			X							
	Rosemary Scott, Rockwall, Tx.	Business Borrowings	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman & Director (unpaid)	Crowley Holding Company, Crowley, Tx
Chairman & Director (unpaid)	Bank of Crowley, Crowley, Tx
Chairman & Director (unpaid)	Lakeside National Bank, Rockwall, Tx
President & Director (unpaid)	Lakeside Bancshares, Rockwall, Tx
Partner (unpaid)	Chihal Limited, Rockwall, Tx
Manager Member (unpaid)	Caddo Estates East, Caddo Mills, Tx

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RALPH M. HALL
4TH DISTRICT TEXAS

Congress of the United States
House of Representatives
Washington, DC 20515–4304

COMMERCE
ENERGY AND POWER
RANKING MINORITY MEMBER
HEALTH AND ENVIRONMENT
FINANCE AND HAZARDOUS MATERIALS
SCIENCE
SPACE AND AERONAUTICS
ENERGY AND ENVIRONMENT

RECEIVED
98 MAY 28 P 12:34
MAY 2 1998

May 15, 1998

Honorable Robin Carle
Clerk, U.S. House of Representatives
Office of Records and Registration
B106 Cannon House Office Building
Washington, D.C. 20515

MC

Dear Mr. Carle:

Please add the following information as an amendment to my 1997 Financial Disclosure Form. This information will be an addition to the Financial Disclosure filed for this year and for any previous years.

Real Property described as Town House, Washington, D.C. - address is 301 East Capitol St., N.W., Washington, D.C., 20003.

Real Property described as Office Building, Rockwall, Texas - address is 105 Fannin Street, Rockwall, Texas, 75087.

Thank you for your assistance.

With best regards, I am

Respectfully,

Ralph M. Hall

Ralph M. Hall
Member of Congress

RMH/dm

Please reply to:
☐ 2221 RAYBURN HOB
WASHINGTON, DC 20515–4304
(202) 225–6673
(202) 225–3332 FAX
e mail: rmhall@hr.house.gov

☐ COOKE COUNTY COURTHOUSE
GAINESVILLE, TX 76240
(817) 668–6370
(817) 668–6478 FAX

☐ 104 NORTH SAN JACINTO
ROCKWALL, TX 75087–2508
(972) 771–9118
(972) 722–0907 FAX

☐ 119 FEDERAL BUILDING
SHERMAN, TX 75090–5917
(903) 892–1112
(903) 868–0264 FAX

☐ 211 FEDERAL BUILDING
TYLER, TX 75702–7222
(903) 597–3729
(903) 597–0726 FAX

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 14 PM 3:20

Tony P. Hall
(Full Name)

2560 North 23rd Road
(Mailing Address)

Arlington, VA, 22207

Daytime Telephone
202-225-6465

MC (Office Use Only)

8

Filer Status: [X] Member of the U S House of Representatives — State Ohio District 3 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Tony P. Hall

DATE (Month/Day/Year): May 14, 1998

1535

Name	Page
Tony P. Hall	2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	International Foundation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Tony P. Hall	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
American School Food Service Association	Speech	March 3, 1997	$1800.00

This page may be copied if more space is required.

Name Tony P. Hall

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X																
JT	Halls Hand Laundry, Inc. (1/3 Int.)					X														None (passive)	X											S
JT	R.O. Assoc. (1.98% lt. part.)			X																Part. Inc			X									
JT	Signet Bank, Arlington, VA			X												X						X										
SP	" " " "		X													X						X										
JT	Cong. Emp. Fed. Credit Un.			X												X						X										
JT	First Union Bk., Arlin., VA		X													X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tony P. Hall

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
JT	Shearson Lehman IRA				X									X							NA											
DC	Wendy's, Mattel, Techi-clone Intl. Stock			X										X						none		X										
JT	Projectavision Stock		X																		X											

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name: Tony P. Hall

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–97		X								
JT	Halls Hand Laundry, Inc. (1/3 Interest)		X		12/31/97			X							

This page may be copied if more space is required.

Name	Tony P. Hall	Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Focus On Intl. Foundation/The Family	June 26-July 8	Wash., DC - Inverness-London - Wash., DC	N	N	Y	3 Days
International Foundation	Aug. 20-24	Wash., DC - Honolulu	Y	N	N	N
The Brookings Institution	Aug. 25-29	Honolulu-Tokyo	Y	Y	N	N
The International Foundation	Oct. 9-12	Wash., DC-Bled, Slovenia	Y	Y	Y	N
Amarillo Prayer Break. Comm.	Nov. 24-28	Wash., DC-Amarillo-Wash.	Y	Y	Y	2 Days
Springfield Mayor's Prayer Break Committee	Nov. 17-18	Wash., DC-Springfield-Dayton	Y	N	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Limited Partnership	R.O. Associates - K-Mart Store
Chairman	Congressional Hunger Center
Director	Bread For The World
Trustee	Holiday Aid
President	Halls Hand Laundry

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
98 MAY 13 PM 5:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Lee Herbert Hamilton
(Full Name)

2314 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone 202/225-5315

ME (Office Use Only) (4)

Filer Status					
	[X] Member of the U S House of Representatives	State IN District 09	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-13-98

1543

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP. DC. *Examples* JT.	SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Sears Roebuck & Co stock	$100,001 - $250,000	Dividends	$2,501 - $5,000	
JT	Sears Roebuck & Co stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	Allstate Corp stock	$250,001 - $500,000	Dividends	$2,501 - $5,000	
JT	Allstate Corp stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	Morgan Stanley Dean Witter Discover stock	$100,001 - $250,000	Dividends	$1,001 - $2,500	E
JT	Morgan Stanley Dean Witter Dsicover stock	$1,001 - $15,000	Dividends	$1 - $200	E
	Airtouch Communications stock	$1,001 - $15,000	Capital Gains	None	
	Pacific Telesis stock	None	Dividends	$1 - $200	S&E

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	SBC Communications stock	$15,001 - $50,000	Dividends	$201 - $1,000	E
	General Motors stock	$1,001 - $15,000	Dividends	$201 - $1,000	E partial
	AT&T stock	$1,001 - $15,000	Dividends	$1 - $200	
	Lucent stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	MM fund Crestar Bank	$50,001 - $100,000	Interest	$2,501 - $5,000	
	MM fund Wright Patman FCU	$50,001 - $100,000	Interest	$2,501 - $5,000	
	Growth Fund Wash IRA	$15,001 - $50,000	D & C	None	NA
SP	John Nuveen Tax Ex	None	Interest	$201 - $1,000	S
SP	Nuveen Tax Ex	None	Interest	$1 - $200	S
SP	Bell Atlantic Corp stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	
SP	Old Kent Bank Chg. TE cash management fund	$250,001 - $500,000	Interest	$5,001 - $15,000	
SP	AMCAP fund IRA	$1,001 - $15,000	D & C	None	
	NRC Communications	$1 - $1,000	Capital Gains	$1 - $200	S & E
	Raytheon	$1 - $1,000	Capital Gains	$1 - $200	S
	EDS stock	$1 - $1,000	Dividends	$1 - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Nuveen Tax Ex Unit Trust	Sold	10/15/97	$1,001 - $15,000
SP	John Nuveen Tax Ex Unit Trust	Sold	12/15/97	$1,001 - $15,000
SP	Dean Witter Discover	Exchange	00/07/97	$100,001 - $250,000
SP	Morgan Stanley Dean Whitter Discover	Exchange	00/07/97	$100,001 - $250,000
JT	D W Discover	Exchange	00/07/97	$1,001 - $15,000
JT	MS DW Discover	Exchange	00/07/97	$1,001 - $15,000
	Pacific Telesis	Exchange	05/22/97	$1,001 - $15,000
	SBC Communications	Exchange	05/22/97	$1,001 - $15,000

RECEIVED
98 APR 29 AM 8:23
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC INSIDE MAIL (4)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

JAMES V. HANSEN
(Full Name)

2466 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

(202) 225-0453
Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status [X] Member of the U S House of Representatives — State District ___ [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL James V. Hansen

DATE (Month/Day/Year) 04/27/98

1547

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Farm Insurance Co.	Pension	$4185.72
	State of Utah	Legislative Pension	$2175.36

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES V. HANSEN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Office Bldg. at 60 S. 200 W., Farmington, Utah						X								X											X						
JT	Building Lots (3) Woodland Springs, Plat A Farmington, Utah 84025						X														X											
JT	Wright Pat. Credit Union		X													X							X									
JT	Mountain America Credit U	X														X						X										
JT	America First Credit Union			X												X						X										
JT	United States Savings Bonds				X																											
																X						X										
JT	Davis Schools Credit Union			X												X						X										

This page may be copied if more space is required.

Name JAMES V. HANSEN

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example.	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Zions First Nat'l Bank	Mortgage on Rental Office; 60 S. 200 W. Farmington, Utah 84025		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE.		

Use additional sheets if more space is required.

JANE HARMAN
36TH DISTRICT, CALIFORNIA

COMMITTEES:
NATIONAL SECURITY
MERCHANT MARINE
PERSONNEL
RESEARCH AND DEVELOPMENT
PERMANENT SELECT COMMITTEE
ON INTELLIGENCE
TECHNICAL AND TACTICAL INTELLIGENCE
STEERING

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0536

WASHINGTON OFFICE
325 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225–8220
DISTRICT OFFICES
1217 EL PRADO AVENUE
TORRANCE, CA 90501
(310) 783–8220
583 VENICE BLVD
SUITE E
VENICE, CA 90291
(310) 581–9011
REP.HARMAN@MAIL.HOUSE.GOV
http://www.house.gov/harman/

May 13, 1998

RECEIVED
98 MAY 15 AM 11:13
RECEIVED
MAIL ROOM
OFFICE CENTER

65
MC

The Honorable James Hansen
Chairman
The Honorable Howard Berman
Ranking Democratic Member
Committee on Standards of Official Conduct
The Capitol - Suite HT-2
Washington, DC 20515

Re: Financial Disclosure Report for 1997

Dear Representatives Hansen and Berman:

Enclosed you will find a copy of my financial disclosure report for 1997, filed this date pursuant to the requirements of the Ethics in Government Act of 1978.

As you know, I am a candidate for Governor of the State of California. The Federal and California laws are not the same, and so as to place on the record the most complete disclosure with the least potential for misunderstanding about the differences, I have both enclosed with my federal filing a copy of the California report and also expanded the detail and range of disclosure on my federal form.

The resulting materials I am filing today offer a detailed review of my personal financial position, which goes beyond what may be required but fulfills both the spirit and the letter of my responsibilities and addresses any issues which may have been presented by the concurrent filings with both California and the House.

Very truly yours,

Jane Harman

Enclosure

PRINTED ON RECYCLED PAPER

98 MAY 15 AM 11:14

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

HAND DELIVERED
(Office Use Only)

JANE HARMAN
(Full Name)

1217 EL PRADO
(Mailing Address)

TORRANCE CA 90501

Daytime Telephone: 310-783-8220

Filer Status: [X] Member of the U.S. House of Representatives — State / District; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursement for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS --Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Jane Harman

DATE (Month/Day/Year): 5/14/98

Name	JANE HARMAN	Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
HARMAN INTERNATIONAL INDUSTRIES INC	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JANE HARMAN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

SP	*Examples:*	Mega Corp Stock
DC		Simon & Schuster
JT		1st Bank of Paducah, KY accounts

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Sources Partners's Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
			Indefinite																													
	BANK ACCOUNTS:																															
JT	CITY NATIONAL BANK BH, CA				X											X									X							
JT	CITIBANK WASHINGTON DC				X											X							X									
	NATIONSBANK WASHINGTON DC						X									X								X								
DC	NATIONSBANK WASHINGTON DC						X									X									X							
SP	NATIONSBANK WASHINGTON DC	X														X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other (Type of Income (Specify))	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	EQUITIES:																															
SP	HARMAN INTL IND INC COM										X			X													X				P,E
SP	HARMAN INTL IND OPTIONS										X										X											E
SP	FOAMEX INTL INC COM					X															X											
SP	UNITED AUTO GP INC COM					X															X											
SP	FED HOME LOAN DISC NOTES	X														X	X												X			S
SP	CUSTODY ACCOUNT BANK OF NY			SEE ATTACHED SCHEDULE A																												
JT	MEDICAL SPECIALTIES INTL			X																ROYALTY			X									E
	INC COM (RECEIVED IN LIQ																															
	OF 53RD STREET PTNRSHP)																															
	REAL ESTATE LTD PTNRSHPS:																															
SP	SO NORWALK REDEVELOPMENT	X														X						X										
	LTD (OWNING BROOKFIELD																															
	CRAFT CTR WA ROW 1,2,3)																															
SP	JBG ROSSLYN LTD PTNRS								X						X												X					P
	(OWNING TWO COMML OFFICE																															
	BLDGS ARLINGTON, VA)																															
	INVESTMENT LTD PTNRSHPS:																															
SP	PATRICOF PVT INVESTMENT CLUB						X									X	X								X							P
SP	RHONE PARTNERS LP						X									X								X								P

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

Page 4 of 7

SP, DC, H	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	RETIREMENT PLAN: HARMAN INTL IND INC RETIREMENT PLAN (NOT SELF DIRECTED). HELD AT PUTNAM INVMNTS							X													X											
	TRUSTS:																															
	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST			SEE	ATTACHED					SCHEDULE			B																			
	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST			SEE	ATTACHED					SCHEDULE			C																			
	THE LAKES DESCENDANTS TR			SEE	ATTACHED					SCHEDULE			D																			
DC	THE LAKES DESCENDANTS TR			SEE	ATTACHED					SCHEDULE			E																			
SP	SIDNEY HARMAN CHARITABLE REMAINDER TRUST			SEE	ATTACHED					SCHEDULE			F																			

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name JANE HARMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
SP	FEDERAL HOME LOAN DISCOUNT NOTES VARIOUS	X	X		VAR 97										X
SP	LTD PARTNERSHIP INTEREST - JBG ROSSLYN LTD	X			4/10/97					X					
SP	LTD PARTNERSHIP INTEREST - RHONE PARTNERS LP	X			10/6&12/5/97				X						
SP	EXERCISE OF HARMAN INTL IND INC STOCK OPTIONS	X		X	11/24&12/16/97						X				
SP	PATRICOF PVT INVESTMENT CLUP LP CAPITAL CALL	X			5/16/97		X								
SP	CUSTODY ACCOUNT BANK OF NEW YORK			SEE ATTACHED SCHEDULE G											
	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST			SEE ATTACHED SCHEDULE H											
	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST			SEE ATTACHED SCHEDULE I											
	THE LAKES DESCENDANTS TRUST			SEE ATTACHED SCHEDULE J											
DC	THE LAKES DESCENDANTS TRUST			SEE ATTACHED SCHEDULE K											
SP	SIDNEY HARMAN CHARITABLE REMAINDER TRUST			SEE ATTACHED SCHEDULE L											

This page may be copied if more space is required.

Name JANE HARMAN | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	FEB 17-20	WASH DC-ISRAEL-WASH DC	Y	Y	N	N
ASPEN INSTITUTE	MAR 7-9	WASH DC-HERSHEY,PA-WASH DC	Y	Y	Y	N
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	NOV 19-20	WASH DC-ATLANTA-WASH DC	Y	Y	N	N
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	DEC 10	WASH DC-PHOENIX-WASH DC	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
VICE PRESIDENT	THE HARMAN FAMILY FOUNDATION - UNCOMPENSATED
TRUSTEE	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	THE LAKES DESCENDANTS TRUSTS - UNCOMPENSATED
TRUSTEE	THE LAKES DISCRETIONARY GRANDCHILDRENS TRUST - UNCOMPENSATED

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (max.)

Use additional sheets if more space is required.

JANE HARMAN
Financial Disclosure Statement
Year Ending 12/31/97

Disclosure Regarding Limited Partnership Interests and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard to Patricof Private Investment Club, LP., Rhone Partners LP, JBG Rosslynn Limited Partners and Women's Growth Capital Fund I, LLLP.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balance for the reporting individual was used to value the partnership interest. This method was applied with regard to South Norwalk Redevelopment, Ltd.

JANE HARMAN
Financial Disclosure Statement
Year Ending 12/31/97

Attachment 1 - Patricof Private Investment Club, LP Detail of Investment Positions

Description	Category of Market Value
Cash, equivalents and other	$50,001 - $100,000
Public Companies:	
Fore Systems Inc	$1 - $1,000
Focal, Inc	$1,001 - $15,000
Restricted Securities:	
The Audible Words Corporation	$1,001 - $15,000
Bluestone Software	$1,001 - $15,000
Diversa Corporation	$1,001 - $15,000
Greenbacks Inc	$1,001 - $15,000
Hearthstone Assisted Living Inc	$1,001 - $15,000
HR Logic Inc	$1 - $1,000
Liveworld Productions Inc	$1,001 - $15,000
MedScape Inc	$1 - $1,000
Mojave Thereapeutics Inc	$1,001 - $15,000
Peregrine Semiconductor Corporation	$1,001 - $15,000
planetU Inc	$1,001 - $15,000
Rendition Inc	$1,001 - $15,000
SPEC Consultants Inc	$1,001 - $15,000
Tessera Inc	$1,001 - $15,000
Total Physician Services Inc	$1,001 - $15,000
Wynd Communications Corporation	$1 - $1,000

JANE HARMAN
Financial Disclosure Statement
Year Ending 12/31/97

Attachment 2 - Rhone Partners LP Detail of Investment Positions

Description	Category of Market Value
Cash, equivalents and other	$1,001 - $15,000
WTVX	$50,001 - $100,000
Nation One	$15,001 - $50,000
WLWC	$1,001 - $15,000

Attachment 3 - JBG Rosslynn Limited Partners Detail of Investment Positions

Description	Category of Market Value
Gateway Commercial Office Buildings (Sold 1/29/98)	$500,001 - $1,000,000

Attachment 4 - Women's Growth Capital Fund I, LLLP

Description	Category of Market Value
Physicians Quality Care Inc	$1,001 - $15,000
Cash, equivalents and other	$1,001 - $15,000

JANE HARMAN
FORM A, SCHEDULE III ATTACHMENT A
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

BLOCK A	BLOCK B												BLOCK C								BLOCK D												BLOCK E
	A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	C	G	E	T	O	B	O	T	I	II	III	IV	V	VI	VII	VIII	IX	
SP Dreyfus Treasury Prime Cash Mgmt									X				X																		X		P S
SP Tax-Exempt Money Market Sweep Fund									X				X																X				P S
SP AAR Corp					X								X										X										P
SP Ace Ltd							X						X															X					P
SP Acxiom Corp					X																X												P
SP Adaptec Inc						X											X											X					P S
SP Affiliated Comunity Bancorp Inc						X							X										X										P
SP Aflac Inc							X						X				X											X					P S
SP Alcatel Alsthom						X							X										X										P
SP Allied Domecq	X												X				X				X												P S
SP American Disp Svcs Inc					X																X												P
SP American Oncology Res Inc					X																X												P
SP Amerisource Health Corp.						X															X												P
SP AMR Corp							X														X												P
SP Anadigics Inc					X																X												P
SP Apogee Enterprises Inc			X										X				X				X												P S
SP Aptargroup Inc					X								X										X										P
SP Arbor Drugs Inc.					X								X										X										P
SP Arrow Electronics Inc							X										X				X												P S
SP Aspen Technology Inc.					X																X												P
SP Astoria Financial Corp						X							X										X										P
SP Astra AB					X								X										X										P
SP Asyst Technologies Inc.					X																X												P
SP Avid Technology Inc					X																X												P
SP Avon Products Inc							X						X				X											X					P S
SP AXA-UAP						X															X												P
SP BankBoston Corp							X						X										X										P
SP Banque Nationale De Paris						X							X										X										P
SP BAT Industries PLC						X							X										X										P
SP Bay View Cap Corp.				X									X									X											P
SP BDM Inc	X																X				X												P S
SP BE Aerospace Inc.				X																	X												P
SP Becton Dickinson And Company							X						X										X										P
SP Black Box Corp				X																	X												P
SP Boeing Company							X						X				X											X					P S
SP Brightpoint Inc				X																	X												P
SP British Aerospace					X								X										X										P
SP British Petroleum Co.				X									X										X										P
SP BTG Inc	X																X				X												P S
SP BTR PLC				X									X											X									P
SP Cable Design Technologies Corp				X																	X												P
SP CACI International Inc Cl A	X																X				X												P S
SP Cadbury Schweppes PLC					X								X										X										P
SP California St Pub Wks 09/01/2000									X						X									X									P
SP California St Pub Wks 09/01/99									X						X									X									P
SP California St Veterans 12/01/2009									X						X								X										P
SP Camco Intl Inc				X									X									X											P
SP Canadian Pacific Ltd.						X							X				X							X									P S
SP Carlisle Companies Inc.				X									X										X										P
SP Carnival Corp Cl A						X							X										X										P
SP Caterpillar Inc							X						X											X									P
SP CDI Corp				X																	X												P
SP Central Garden & Pet Co					X																X												P
SP Champion Enterprise	X																X				X												P S
SP Champion International Corp.						X							X										X										P
SP Cie Generale Des Warr		X																			X												P
SP Citicorp							X						X				X											X					P S
SP Coast Savings Financial Inc.					X												X				X												P S
SP Coherent Inc.	X																X				X												P S
SP Coles Myer LTD	X												X				X							X									P S
SP Columbia/HCA Healthcare Corp.	X												X				X				X												P S
SP Commercial Federal				X									X									X											P
SP Commscope Inc.	X												X				X					X											E S
SP Compagnie de St Gobain				X									X									X											P
SP Compagnie Generale Des Eaux					X								X									X											P
SP Computer-Data Sys Inc.	X																X				X												P S

JANE HARMAN
FORM A, SCHEDULE III ATTACHMENT A
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
		A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	CG	ET	OB	OT	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP	Computer Products Inc				X																X										P
SP	Comverse Technology Inc				X																X										P
SP	Contra Costa CA 03/01/2004									X						X									X						P,S
SP	Countrywide CR Inds Inc							X						X			X								X						P
SP	Credit Suisse Group					X															X										P
SP	Crossman Cmntys Inc				X																X										P
SP	Culligan Water Technologies Inc					X															X										P
SP	Dai Nippon Ptrg Ltd	X												X			X								X						P,S
SP	Daimler-Benz AG					X								X																	P
SP	Daimler-Benz AG RTS	X															X				X										E,S
SP	Deutsche Bank AG				X									X			X								X						P,S
SP	Devn Inc				X												X				X										P,S
SP	Diageo PLC							X						X											X						P
SP	Dole Food Inc						X							X								X									P
SP	Downey Finl Group Corp				X									X								X									P
SP	Dresdner Bank AG				X																X										P
SP	Dresdner Bank AG rts	X															X					X									E,S
SP	Dynatech Corp				X																X										P
SP	El DuPont De Nemours & Co						X							X								X									P
SP	Electrolux B				X									X								X									P
SP	Electronics Arts	X															X									X					P,S
SP	Elf Aquitaine					X								X								X									P
SP	EMC Corp Mass	X															X								X						P,S
SP	EMI Group				X									X			X					X									P,E,S
SP	Empresa Nacional De Electricidad SA	X															X								X						P,S
SP	Encad Inc				X																X										P
SP	ENI SPA					X								X								X									P
SP	Equity Corp International				X																X										P
SP	Etec Systems Inc				X									X								X									P
SP	Ethan Allen Interiors Inc				X									X								X									P
SP	Expeditors Intl Wash Inc					X								X			X										X				P,S
SP	Federal Home Loan Mortgage Co				X									X								X									P
SP	Ferro Corporation				X									X									X								P
SP	Fiat SPA					X								X			X				X										P
SP	Freeport McMoran Copper and Gold Inc						X									X											X				P
SP	Fresno CA 06/01/2002							X						X								X									P
SP	Frontier Ins Group Inc				X																X										P
SP	Furniture Brands International Inc				X									X									X								P
SP	General Electric Co						X							X								X									P
SP	General Electric PLC				X												X							X							P,E,S
SP	General Instrument Corp	X																				X									P
SP	General Re Corp						X							X																	E,S
SP	General Semiconductor Inc	X															X				X										P
SP	Genesis Health Ventures Inc				X																X										P
SP	Gentex Corp					X															X										P
SP	Granada Group Ltd				X																X										P
SP	Granges AB	X															X														P,S
SP	G&K Services Inc. Cl. A					X								X								X									P
SP	Hadco Corp				X																X										P
SP	Halter Marine Group Inc				X																X										P
SP	Havas				X																X										P
SP	Heartland Express Inc				X																X										P
SP	Heineken NV				X									X			X														P,S
SP	Hercules Incorporated						X							X										X							P
SP	Hoechst AG					X															X										P
SP	Holderbank FN				X									X								X									P
SP	Honda Motor Co Ltd					X								X								X									P
SP	Horace Mann Educators Corp				X									X									X								P
SP	HSBC Holdings PLC				X									X									X								P
SP	Hyde Marine Inc				X																X										P
SP	Hyperion Software Corp					X															X										P
SP	Integrated Health Services Inc				X									X								X									P
SP	Intel Corporation					X								X								X									P
SP	Interface Inc					X								X									X								P
SP	Interim Services Inc					X															X										P
SP	Istituto Nazionale Delle Assicurazioni SPA	X												X			X						X								P,S

JANE HARMAN
FORM A, SCHEDULE III A ATTACHMENT A
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

BLOCK A	BLOCK B												BLOCK C												BLOCK D												BLOCK E
	A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	C	G	E	T	O	B	O	T		I	II									X	X	X	XI	
SP Jacobs Engineering Group Inc				X																					X													P
SP JP Foodservice Inc				X																					X													P
SP Kuhlman Corp				X									X													X												P
SP Lazard Funds Emerg Mkts Port	X												X				X								X													P,S
SP Lazard Funds Intl Small Cap Port						X							X														X											P
SP Lecroy Corp				X																					X													P
SP Lennar Corp				X									X													X												P
SP Lindsay Mfg Co				X									X													X												P
SP Lion Nathan Ltd	X												X				X								X													P,S
SP Littlefuse Inc				X																					X													P
SP LNR Property	X												X				X												X									P,S
SP Lockheed Martin Corp							X						X																X									II
SP Logicon Inc	X												X				X												X									P,S
SP Los Angeles Co CA 05/15/2007									X						X													X										P
SP Los Angeles Co CA 10/01/2001									X						X														X									P
SP Lucas Varity PLC						X							X				X											X										P,S
SP Mannesmann AG					X								X														X											II
SP Marine Drilling Cos					X																				X													II
SP Marquette Med Sys Inc				X																					X													P
SP Matsushita Electric Industrial Co Ltd					X								X														X											P
SP Mattel Inc							X						X				X												X									P,S
SP May Department Stores Co						X							X															X										P
SP McDonalds Corp							X						X														X											II
SP McDonnell Douglas Corporation	X												X				X										X											P,S
SP Medical Res Inc	X																X								X													P,S
SP Medicis Pharmaceuticals Corp					X																				X													P
SP Mentor Corp					X								X													X												P
SP Metallgesellschaft AG				X																					X													II
SP Metro AG				X									X														X											II
SP Micrel Inc				X																					X													P
SP Micros Sys Inc				X																					X													P
SP Mirror Group PLC				X									X													X												P
SP Mitsubishi Heavy Industries LTD				X									X													X												P
SP Monsanto Co							X						X															X										P,E
SP MTS Systems Corp				X									X													X												P
SP National Power Corp PLC				X									X														X											P
SP National Surgery Centers Inc				X																					X													P
SP National Westminister Bk PLC				X																					X													P
SP Nestle SA				X									X														X											P
SP Network Gen Corp	X																X								X													P,S
SP New England Business Services Inc				X																					X													P
SP Newpark Res Inc				X									X													X												P
SP Nextlevel Sys Inc	X																X									X												E,S
SP Nichols Resh Corp				X																					X													P
SP Nippon Telegraph & Telephone Corp				X									X													X												P
SP NKK Corp	X												X				X										X											P,S
SP North Fork Bancorporation Inc				X									X													X												P
SP Novartis SA				X																					X													P
SP Nuevo Energy Co	X																X								X													P,S
SP Oceaneering International Inc				X																					X													P
SP OM Group Inc				X									X													X												P
SP Omron Corp				X									X													X												P
SP Orix Corp					X																				X													P
SP Parexel Intl Corp					X																				X													II
SP Patterson Dental Co				X																					X													II
SP Patterson Energy Inc					X												X												X									P,S
SP Pediatrix Med Group				X																					X													P
SP Peoples Heritage Financial Group Inc				X									X														X											P
SP Performance Food Group Co				X																					X													P
SP Periphonics Corp	X																X								X													P,S
SP Petco Animal Supplies Inc				X																					X													P
SP Phillips Electronics N V													X														X											P
SP Pier 1 Imports Inc				X									X													X												P
SP Prepaid Legal Svcs Inc				X																					X													P
SP PRI Automation Inc				X																					X													P
SP Pride Intl Inc					X																				X													P

JANE HARMAN
FORM A, SCHEDULE III ATTACHMENT A
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

BLOCK A		BLOCK B											BLOCK C							BLOCK D											BLOCK E
		A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	C	G	E	T	O	B	O	T	I	II	III	IV	V	VI	VII	
SP	Prime Hospitality Corp				X																				X							P
SP	Prime Med Svcs Inc				X																				X							P
SP	Progressive Corp							X						X			X												X			P,S
SP	Puerto Rico Elec Pwr Auth 07.01.2001										X					X													X			P
SP	Quaker Fabric Corp				X																				X							P
SP	Quality Food Centers Inc						X																		X							P
SP	Rank Group PLC				X									X												X						P
SP	Rauma OY	X												X			X								X							E,S
SP	Redland PLC	X												X			X								X							P,S
SP	Reed International PLC							X																	X							P
SP	Regal Cinemas Inc																X								X							P,S
SP	Renal Treatment Centers Inc	X																							X							P
SP	Respironics Inc				X																				X							P
SP	Rhone Poulenc SA				X																				X							P
SP	Richfood Holdings Inc						X							X			X								X							P,S
SP	Ricoh Corp LTD						X							X			X								X							P
SP	Roadway Express Inc						X							X			X								X							P
SP	Robbins & Myers Inc						X							X			X								X							P
SP	Rollins Truck Leasing Corp						X							X												X						P
SP	Royal Dutch Petroleum NY						X							X																		P,S
SP	Rural/Metro Corp	X															X								X							P,S
SP	Safeskin Corp							X																	X							P
SP	Samsonite Corp				X																				X							P
SP	Sanmina Corp						X																		X							P
SP	Seacor Smit Inc													X			X								X							P
SP	Sears PLC	X												X												X						P,S
SP	Sekisui Chemical Co						X																		X							P
SP	Sequent Computer Sys Inc						X																				X					P
SP	SGS Societe Generale Surveillance						X							X														X				P
SP	Shaw Industries Inc							X						X												X						P
SP	SMH AG Nuenburg						X							X											X							P
SP	Sofamor/Danek Group Inc							X																				X				E,S
SP	Solutia Inc	X															X										X					P
SP	Sony Corp							X						X															X			P
SP	Sprint Corp								X					X			X								X							P
SP	Stratus Computer Inc						X																				X					P
SP	Stride Rite Corp						X							X												X						P
SP	St. John Knits Inc						X							X											X							P
SP	Suiza Foods Corp							X																		X						P
SP	Sumitomo Trust & Banking								X					X											X							P
SP	Superior Svcs Inc						X																				X					P
SP	Svenska Handelsbanken						X							X											X							P
SP	Swift Transn Inc						X																									P
SP	Swire Pacific Ltd						X							X													X					P
SP	Sylvan Learning System Inc							X																	X							P
SP	Sysco Corp								X																				X			E, S
SP	TCI Ventures Group	X																X												X		P,E,S
SP	Tele Communications Inc Cl A	X																X									X					P
SP	Telecom Italia Di Risp							X						X																		P
SP	Telefonica de Espana SA							X						X													X					P
SP	Tenet Healthcare Corp								X																X							P,S
SP	Tenneco Inc							X						X				X											X			P
SP	Tetra Tech Inc						X							X											X							P
SP	Thyssen DM						X							X													X					P
SP	Time Warner Inc								X					X													X					P
SP	Tower Automotive Inc						X																		X							P
SP	Transaction Sys Architects Inc Cl A							X						X													X					P
SP	Transamerica Corporation								X																X							P
SP	Transition Systems Inc						X							X				X											X			P,S
SP	Travelers Group Inc							X																	X							P
SP	Triton Energy Ltd						X							X													X					P
SP	Unidanmark							X						X													X					P
SP	Unilever NV						X							X												X						P
SP	UPM-Kymmene OY						X							X													X					P
SP	US Freightways Corp																	X							X							P,S
SP	US Treasury Bond 08/15/2025	X																														

JANE HARMAN
FORM A, SCHEDULE III ATTACHMENT A
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

BLOCK A	BLOCK B												BLOCK C						BLOCK D											BLOCK E
	A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	CG	ET	QB	OT	I	II	III	IV	V	VI	VII	VI	IX	X	XI	
SP US Treasury Note 02/15/2003	X														X	X											X				P S
SP US Treasury Note 03/31/99	X														X	X						X									P S
SP US Treasury Note 04/30/2001									X						X	X												X			P S
SP US Treasury Note 04/30/2001	X															X				X											P S
SP US Treasury Note 05/15/2005	X														X	X									X						P S
SP US Treasury Note 07/31/99	X														X	X												X			P S
SP US Treasury Note 08/15/99	X														X	X												X			P S
SP US Treasury Note 10/15/2006									X						X													X			P
SP US Treasury Note 11/30/98	X														X	X												X			P S
SP Varco International Inc					X															X											#
SP Veritas DGC Inc					X															X											P
SP Vesta Ins Group Inc					X								X								X										P
SP Viag AG					X								X									X									P
SP Videoserver Inc	X															X				X											P S
SP Vitesse Semiconductor Corp					X															X											P
SP Warner Lambert Co	X												X			X									X						P,S
SP Wells Fargo & Co								X					X			X				X											P,S
SP West & Cent. Basin FA 08/01/2002									X						X									X							P
SP Westamerica Bancorporation				X									X									X									P
SP Westpac Banking Corp				X									X									X									P
SP Worldcom Inc	X															X						X									P S
SP Wyman-Gordon Company	X															X				X											P,S
SP Zale Corp					X															X											P
SP Zebra Technologies Corp Cl A			X																	X											P
SP Zurich Insurance Co					X								X									X									P

JANE HARMAN
FORM A, SCHEDULE III ATTACHMENT B
JANE HARMAN 15 YEAR GRANTOR INCOME TRUST

BLOCK A	BLOCK B											BLOCK C						BLOCK D									BLOCK E
	A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	CG	ET	QB	OT	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
FHLB Discount Notes	X														X	X								X							P,S
Fidelity California Municipal MMF				X											X							X									P,S
Harman International Industries, Inc							X						X										X								
Vanguard Index Trust 500 Portfolio							X						X			X								X							P

JANE HARMAN
FORM A, SCHEDULE III ATTACHMENT C
JANE HARMAN 25 YEAR GRANTOR INCOME TRUST

BLOCK A	BLOCK B											BLOCK C							BLOCK D											BLOCK E
	A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	CG	ET	OB	OT	I	II	III	IV	V	VI	VII	VI	IX	X	XI	XII	
FHLB Discount Notes	X														X	X													X			P,S
Fidelity California Municipal MMF			X												X								X									P,S
Harman International Industries, Inc								X					X												X							
PBHG Emerging Growth Fund										X										X												P
Putnam New Opportunities Fund										X						X										X						P
Vanguard Index Trust 500 Portfolio												X	X			X													X			P

JANE HARMAN — FORM A, SCHEDULE III ATTACHMENT D — THE LAKES DESCENDANTS TRUST

BLOCK A	A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	CG	ET	OBT	OT	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	BLOCK E
					BLOCK B										BLOCK C								BLOCK D								
CASH HELD IN MONEY MARKET ACCOUNT, BEAR STEARNS, SAN FRANCISCO CA			X										X									X									
CALIFORNIA MUNICIPAL BONDS:																															
TRACY CA HOSPITAL 1/1/97	X														X									X							S
SAN JOSE CA AIRPORT 3/1/98						X									X										X						
ANTELOPE VALLEYCA HOSPITAL 1/1/99						X									X										X						
LA DWP ELEC PLANT 9/15/00			X												X										X						
LA DWP ELEC PLANT 4/1/02				X											X								X								
SAN BERNARDINO CO CA COPS 8/1/01	X														X								X								S
CA HLTH FAC MERCY HLTH SYS 6/1/99						X									X										X						
LA DWP ELEC PLANT 1/15/01			X												X							X									
SANTA CLARA COPS MULTI FAC 5/15/02						X									X										X						P
CA ST PUBLIC WKS BRD SOLEDAD 11/1/04			X												X							X									P
SAN BERNARDINO CTFA CAP FACS 8/1/01				X											X					X											P
PARTNERSHIP:																															
WOMEN'S GROWTH CAPTIAL FUND I, LLLP (PRIMARY PURPOSE IS TO INVEST EXPANSION CAPITAL IN WOMEN-OWNED BUSINESSES)		X													X						X										P

JANE HARMAN

FORM A, SCHEDULE III ATTACHMENT E

THE LAKES DESCENDANTS TRUST - DC

	BLOCK A	BLOCK B												BLOCK C						BLOCK D										BLOCK E
		A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	CG	ET	OBT	OT	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
DC	CASH HELD IN MONEY MARKET ACCOUNT, BEAR STEARNS, SAN FRANCISCO CA			X										X									X								
	CALIFORNIA MUNICIPAL BONDS:																														
DC	TRACY CA HOSPITAL 1/1/97	X														X								X							S
DC	SAN JOSE CA AIRPORT 3/1/98					X										X									X						
DC	ANTELOPE VALLEYCA HOSPITAL 1/1/99					X										X									X						
DC	LA DWP ELEC PLANT 4/1/02					X										X								X							
DC	CA HLTH FAC MERCY HLTH SYS 1/1/99					X										X									X						
DC	SANTA CLARA COPS MULTI FAC 5/15/02					X										X									X						P
DC	ANAHEIM CA ELEC SYS CTFS 10/1/00			X												X							X								P

JANE HARMAN
FORM A, SCHEDULE III ATTACHMENT F
SIDNEY HARMAN CHARITABLE REMAINDER TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

BLOCK A		BLOCK B											BLOCK C							BLOCK D											BLOCK E
		A	B	C	D	E	F	G	H	I	J	K	L	D	R	I	CGETOBOT	I	II	III	IV	V	VI	VII	VIII	IX	X	XI			
SP	Dreyfus Treasury Prime Cash Mgmt								X							X										X					P,S
SP	Associates Corp NA 10/11/2001								X							X							X								P
SP	Bk Ned Gemeenten 11/18/1999								X							X							X								P
SP	Case Equipment 03/15/2004								X							X							X								P
SP	CWMBS 04/25/2027							X								X							X								P
SP	First Chicago NBD Corp 03/15/2002								X							X						X									P
SP	FHLMC 10/15/2021								X							X							X								P
SP	FHLMC 04/01/2027								X							X							X								P
SP	FNMA 04/01/2009							X								X						X									P
SP	FNMA 07/01/2011							X								X						X									P
SP	FNMA 06/01/2012															X						X									P
SP	FNMA 07/01/2012							X								X							X								P
SP	FNMA 03/01/2016															X				X											P
SP	FNMA 11/01/2024			X												X							X								P
SP	FNMA 12/01/2024								X							X					X										P
SP	FNMA 08/01/2026						X									X							X								P
SP	FNMA 11/01/2026								X							X							X								P
SP	FNMA 04/01/2027								X							X							X								P
SP	FNMA 07/01/2027															X	X						X								P,S
SP	Ford Credit Auto Loan MT 02/15/2003	X														X							X								P
SP	Ford Motor Cr Co 02/28/2002								X							X									X						P
SP	General Motors Acc Corp 02/07/2002								X							X							X								P
SP	GNMA 10/15/2009								X							X									X						P
SP	GNMA 11/15/2017								X							X							X								P
SP	GNMA 11/15/2023							X								X							X								P
SP	GNMA 08/15/2026								X							X							X								P
SP	GNMA 07/15/2027									X				X								X									P
SP	Harman International Industries, Inc								X							X							X								P
SP	Nationsbank Corp 04/03/2002							X								X							X								P
SP	Salomon Bros Mtg Secs 12/25/2030								X							X							X				X				P,S
SP	Toronto Dominion Bank 03/27/2000															X							X								P,S
SP	US Treasury Note	X														X	X														P,S
SP	US Treasury Note 11/15/99	X														X	X														P,S
SP	US Treasury Note 05/15/2000	X														X	X										X				P,S
SP	US Treasury Note 04/30/2001	X														X	X				X										P,S
SP	US Treasury Note 08/15/2001	X														X	X						X								P,S
SP	US Treasury Note 02/15/2003	X														X				X											P
SP	US Treasury Note 08/15/2004						X									X	X								X						P,S
SP	US Treasury Bond 11/15/2012									X						X	X						X								P,S
SP	US Treasury Bond 02/15/2026	X																													

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	Cie Generale Des Warr			X		X									
SP	US Treasury Note 02/15/2003	X			02/18/97						X				
SP	US Treasury Note 04/30/2001	X			02/18/97							X			
SP	US Treasury Note 07/31/99	X			02/18/97							X			
SP	US Treasury Note 10/15/2006	X			02/18/97							X			
SP	US Treasury Note 11/30/98	X			02/18/97							X			
SP	Acxiom Corp.	X			02/19/97		X								
SP	Arbor Drugs Inc.	X			02/19/97		X								
SP	BDM Inc.	X			02/19/97		X								
SP	Black Box Corp.	X			02/19/97		X								
SP	BTG Inc.	X			02/19/97		X								
SP	CACI International Inc. Cl. A	X			02/19/97		X								
SP	Computer Products Inc.	X			02/19/97		X								
SP	Culligan Water Technologies Inc.	X			02/19/97		X								
SP	Dynatech Corp.	X			02/19/97		X								
SP	Gentex Corp.	X			02/19/97		X								
SP	Horace Mann Educators Corp.	X			02/19/97		X								
SP	Lecroy Corp.	X			02/19/97		X								
SP	Logicon Inc.	X			02/19/97		X								
SP	Marine Drilling Cos.	X			02/19/97		X								
SP	Mentor Corp.	X			02/19/97		X								
SP	National Surgery Centers Inc.	X			02/19/97		X								
SP	Newpark Res. Inc.	X			02/19/97		X								
SP	Nuevo Energy Co.	X			02/19/97		X								
SP	Oceaneering International Inc.	X			02/19/97		X								
SP	Rollins Truck Leasing Corp.	X			02/19/97		X								
SP	Seacor Smit Inc.	X			02/19/97		X								
SP	St. John Knits Inc.	X			02/19/97		X								
SP	US Freightways Corp.	X			02/19/97		X								
SP	Videoserver Inc.	X			02/19/97		X								
SP	Apogee Enterprises Inc.	X			02/20/97		X								
SP	Aspen Technology Inc.	X			02/20/97		X								
SP	Astoria Financial Corp.	X			02/20/97		X								
SP	Champion Enterprise	X			02/20/97		X								
SP	Encad Inc.	X			02/20/97		X								
SP	Equity Corp. International	X			02/20/97		X								
SP	Lecroy Corp.	X			02/20/97	X									
SP	North Fork Bancorporation Inc.	X			02/20/97		X								
SP	Periphonics Corp.	X			02/20/97		X								
SP	Pride Intl Inc.	X			02/20/97		X								
SP	Pride Intl Inc.	X			02/21/97	X									
SP	AAR Corp.	X			02/24/97		X								
SP	Gentex Corp.	X			02/24/97	X									
SP	G&K Services Inc. Cl. A	X			02/24/97		X								
SP	Pride Intl Inc.	X			02/24/97	X									
SP	Regal Cinemas Inc.	X			02/24/97		X								
SP	Rural/Metro Corp.	X			02/24/97		X								
SP	Safeskin Corp.	X			02/24/97		X								
SP	Veritas DGC Inc.	X			02/24/97		X								
SP	Vitesse Semiconductor Corp.	X			02/24/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type P	Type S	Type E	Date	Amount of Transaction B	C	D	E	F	G	H	I	J	K
SP	BE Aerospace Inc	X			02/25/97		X								
SP	Furniture Brands International Inc.	X			02/25/97		X								
SP	Mentor Corp	X			02/25/97	X									
SP	Patterson Energy Inc.	X			02/25/97		X								
SP	Ace Ltd.	X			02/28/97					X					
SP	Aflac Inc.	X			02/28/97				X						
SP	Alcatel Alsthom	X			02/28/97		X								
SP	Arrow Electronics Inc.	X			02/28/97				X						
SP	Avon Products Inc.	X			02/28/97				X						
SP	Becton Dickinson And Company	X			02/28/97				X						
SP	Boeing Company	X			02/28/97				X						
SP	Caterpillar Inc.	X			02/28/97				X						
SP	Citicorp	X			02/28/97					X					
SP	Countrywide CR Inds Inc.	X			02/28/97				X						
SP	Daimler-Benz AG	X			02/28/97		X								
SP	Daimler-Benz AG RTS			X	02/28/97	X									
SP	Diageo PLC	X			02/28/97				X						
SP	Elf Aquitaine	X			02/28/97		X								
SP	Federal Home Loan Mortgage Co.	X			02/28/97					X					
SP	Freeport McMoran Copper and Gold Inc.	X			02/28/97				X						
SP	Hercules Incorporated	X			02/28/97				X						
SP	Lockheed Martin Corp.	X			02/28/97				X						
SP	Lucas Varity PLC	X			02/28/97				X						
SP	Mattel Inc.	X			02/28/97				X						
SP	Mattel Inc.	X			02/28/97	X									
SP	May Department Stores Co.	X			02/28/97				X						
SP	McDonalds Corp.	X			02/28/97				X						
SP	McDonnell Douglas Corporation	X			02/28/97	X									
SP	Monsanto Co.	X			02/28/97				X						
SP	Progressive Corp.	X			02/28/97			X							
SP	Solutia Inc.	X			02/28/97		X								
SP	Sprint Corp.	X			02/28/97				X						
SP	Sprint Corp. rts.	X			02/28/97	X									
SP	TCI Ventures Group	X			02/28/97		X								
SP	Tele Communications Inc. Cl A	X			02/28/97				X						
SP	Telefonica de Espana SA	X			02/28/97	X									
SP	Tenet Healthcare Corp.	X			02/28/97				X						
SP	Tenneco Inc.	X			02/28/97				X						
SP	Travelers Group Inc.	X			02/28/97				X						
SP	Wells Fargo & Co.	X			02/28/97					X					
SP	CACI International Inc. Cl. A	X			03/03/97		X								
SP	Canadian Pacific Ltd.	X			03/03/97			X							
SP	Champion International Corp.	X			03/03/97			X							
SP	Columbia/HCA Healthcare Corp.	X			03/03/97			X							
SP	Commscope Inc.	X			03/03/97	X									
SP	Comverse Technology Inc.	X			03/03/97		X								
SP	EI DuPont De Nemours & Co.	X			03/03/97			X							
SP	Empresa Nacional De Electricidad SA	X			03/03/97		X								
SP	Expeditors Intl Wash Inc.	X			03/03/97		X								
SP	General Semiconductor Inc.	X			03/03/97	X									

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT 6
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	Istituto Nazionale Delle Assicurazioni SPA	X			03/03/97	X										
SP	Nextlevel Sys Inc.	X			03/03/97		X									
SP	Royal Dutch Petroleum NY	X			03/03/97		X									
SP	Shaw Industries Inc.	X			03/03/97			X								
SP	AMR Corp.	X			03/04/97			X								
SP	CACI International Inc. Cl. A	X			03/04/97		X									
SP	General Electric Co.	X			03/04/97			X								
SP	General Instrument Corp.	X			03/04/97		X									
SP	Intel Corporation	X			03/04/97			X								
SP	McDonalds Corp.	X			03/04/97	X										
SP	Travelers Group Inc.	X			03/04/97		X									
SP	Warner Lambert Co.	X			03/04/97			X								
SP	Devry Inc.	X			03/05/97		X									
SP	Electronics Arts	X			03/05/97			X								
SP	ENI SPA	X			03/05/97	X										
SP	Network Gen Corp.	X			03/05/97		X									
SP	Patterson Energy Inc.	X			03/05/97	X										
SP	Unilever NV	X			03/05/97		X									
SP	Videoserver Inc.	X			03/05/97	X										
SP	Vitesse Semiconductor Corp.	X			03/05/97		X									
SP	Computer Data Sys Inc.	X			03/06/97		X									
SP	Mannesmann AG	X			03/06/97		X									
SP	Network Gen Corp.	X			03/06/97	X										
SP	Deutsche Bank AG	X			03/07/97		X									
SP	Devry Inc.	X			03/07/97		X									
SP	Diageo PLC	X			03/07/97		X									
SP	Dole Food Inc.	X			03/07/97			X								
SP	Metallgesellschaft AG	X			03/07/97		X									
SP	Network Gen Corp.	X			03/07/97		X									
SP	Periphonics Corp.	X			03/07/97		X									
SP	SMH AG Nuenburg	X			03/07/97	X										
SP	Viag AG	X			03/07/97		X									
SP	Videoserver Inc.	X			03/07/97	X										
SP	Worldcom Inc.	X			03/07/97			X								
SP	Camco Intl Inc.	X			03/10/97		X									
SP	Lucas Varity PLC	X			03/10/97	X										
SP	Matsushita Electric Industrial Co. Ltd.	X			03/10/97		X									
SP	Rhone Poulenc SA	X			03/10/97		X									
SP	Sony Corp.	X			03/10/97		X									
SP	Suiza Foods Corp.	X			03/10/97		X									
SP	BAT Industries PLC	X			03/11/97		X									
SP	British Aerospace	X			03/11/97		X									
SP	Phillips Electronics N.V.	X			03/11/97		X									
SP	Suiza Foods Corp.	X			03/11/97	X										
SP	Telecom Italia Di Risp	X			03/11/97	X										
SP	Affiliated Comunity Bancorp Inc.	X			03/12/97	X										
SP	Cadbury Schweppes PLC	X			03/12/97		X									
SP	Heineken NV	X			03/12/97		X									
SP	HSBC Holdings PLC	X			03/12/97		X									
SP	Network Gen Corp.	X			03/13/97	X										

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	Zurich Insurance Co.	X			03/13/97	X									
SP	Carlisle Companies Inc.	X			03/14/97		X								
SP	Dai Nippon Prtg Ltd.	X			03/14/97		X								
SP	Fiat SPA	X			03/14/97		X								
SP	Nestle SA	X			03/14/97		X								
SP	Thyssen DM	X			03/14/97		X								
SP	BTR PLC	X			03/17/97		X								
SP	Lion Nathan Ltd.	X			03/17/97	X									
SP	Coles Myer LTD	X			03/18/97		X								
SP	US Foodservice	X			03/18/97		X								
SP	Fresno CA 06/01/2002	X			03/19/97					X					
SP	Honda Motor Co. Ltd.	X			03/19/97	X									
SP	Metro AG	X			03/19/97		X								
SP	National Power Corp PLC	X			03/19/97		X								
SP	Quality Food Centers Inc.	X			03/19/97		X								
SP	Rank Group PLC	X			03/19/97	X									
SP	Rauma OY			X	03/19/97	X									
SP	Swire Pacific Ltd.	X			03/19/97	X									
SP	UPM-Kymmene OY	X			03/19/97	X									
SP	Westpac Banking Corp.	X			03/19/97		X								
SP	Affiliated Comunity Bancorp Inc.	X			03/20/97		X								
SP	Electrolux B	X			03/20/97	X									
SP	Granges AB	X			03/20/97	X									
SP	Jacobs Engineering Group Inc.	X			03/20/97		X								
SP	Svenska Handelsbanken	X			03/20/97	X									
SP	Sylvan Learning System Inc.	X			03/20/97		X								
SP	Unidanmark	X			03/20/97		X								
SP	US Treasury Note 04/30/2001		X		03/20/97					X					
SP	Astra AB	X			03/21/97	X									
SP	Mirror Group PLC	X			03/21/97	X									
SP	NKK Corp.	X			03/21/97	X									
SP	Sears PLC	X			03/21/97	X									
SP	Affiliated Comunity Bancorp Inc.	X			03/24/97	X									
SP	Aflac Inc.	X			03/24/97		X								
SP	Allied Domecq	X			03/24/97		X								
SP	AMR Corp.	X			03/24/97	X									
SP	Arrow Electronics Inc.	X			03/24/97		X								
SP	Aspen Technology Inc.	X			03/24/97	X									
SP	Avon Products Inc.	X			03/24/97	X									
SP	Becton Dickinson And Company	X			03/24/97		X								
SP	Boeing Company	X			03/24/97		X								
SP	Caterpillar Inc.	X			03/24/97		X								
SP	Champion International Corp.	X			03/24/97	X									
SP	Citicorp	X			03/24/97		X								
SP	Coast Savings Financial Inc.	X			03/24/97		X								
SP	Commscope Inc.	X			03/24/97	X									
SP	Countrywide CR Inds Inc.	X			03/24/97	X									
SP	Diageo PLC	X			03/24/97		X								
SP	EI DuPont De Nemours & Co.	X			03/24/97	X									
SP	Federal Home Loan Mortgage Co.	X			03/24/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT 4
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	General Semiconductor Inc.	X			03/24/97	X									
SP	Hercules Incorporated	X			03/24/97	X									
SP	Lockheed Martin Corp.	X			03/24/97		X								
SP	Lucas Varity PLC	X			03/24/97	X									
SP	Mattel Inc.	X			03/24/97		X								
SP	May Department Stores Co.	X			03/24/97	X									
SP	McDonalds Corp.	X			03/24/97	X									
SP	Monsanto Co.	X			03/24/97		X								
SP	Network Gen Corp.	X			03/24/97	X									
SP	Nextlevel Sys Inc.	X			03/24/97	X									
SP	Nichols Resh Corp	X			03/24/97		X								
SP	Quaker Fabric Corp.	X			03/24/97		X								
SP	Shaw Industries Inc.	X			03/24/97	X									
SP	Solutia Inc.	X			03/24/97	X									
SP	Suiza Foods Corp.	X			03/24/97	X									
SP	TCI Ventures Group	X			03/24/97	X									
SP	Tele Communications Inc. Cl A	X			03/24/97	X									
SP	Tenet Healthcare Corp.	X			03/24/97	X									
SP	Tenneco Inc.	X			03/24/97		X								
SP	Travelers Group Inc.	X			03/24/97	X									
SP	Vitesse Semiconductor Corp.	X			03/24/97	X									
SP	Wells Fargo & Co.	X			03/24/97		X								
SP	Lennar Corp.	X			03/25/97	X									
SP	LNR Property	X			03/25/97	X									
SP	National Surgery Centers Inc.	X			03/25/97	X									
SP	Redland PLC	X			03/25/97	X									
SP	Suiza Foods Corp.	X			03/25/97	X									
SP	Sylvan Learning System Inc.	X			03/25/97		X								
SP	Parexel Intl Corp.	X			03/26/97	X									
SP	Astoria Financial Corp.	X			03/27/97	X									
SP	Banque Nationale De Paris	X			03/27/97		X								
SP	Compagnie de St Gobain	X			03/27/97		X								
SP	Compagnie Generale Des Eaux	X			03/27/97		X								
SP	Canadian Pacific Ltd.	X			03/31/97	X									
SP	Lecroy Corp.	X			03/31/97	X									
SP	Richfood Holdings Inc.	X			03/31/97		X								
SP	Sprint Corp.	X			03/31/97		X								
SP	Lecroy Corp.	X			04/01/97	X									
SP	Lennar Corp.	X			04/01/97	X									
SP	LNR Property	X			04/01/97	X									
SP	Astoria Financial Corp.	X			04/02/97	X									
SP	Coast Savings Financial Inc.	X			04/02/97		X								
SP	Mentor Corp.	X			04/02/97	X									
SP	Coherent Inc.	X			04/03/97		X								
SP	Integrated Health Services Inc.	X			04/03/97		X								
SP	Parexel Intl Corp.	X			04/03/97	X									
SP	Patterson Dental Co.	X			04/03/97	X									
SP	Richfood Holdings Inc.	X			04/03/97		X								
SP	Suiza Foods Corp.	X			04/03/97	X									
SP	Ethan Allen Interiors Inc.	X			04/04/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type P	Type S	Type E	Date	Amount of Transaction B	C	D	E	F	G	H	I	J	K
SP	Genesis Health Ventures Inc.	X			04/04/97		X								
SP	Heartland Express Inc.	X			04/04/97	X									
SP	Parexel Intl Corp.	X			04/04/97	X									
SP	Swift Transn Inc.	X			04/04/97	X									
SP	Central Garden & Pet Co.	X			04/07/97	X									
SP	Dole Food Inc.	X			04/07/97		X								
SP	Patterson Dental Co.	X			04/07/97	X									
SP	Central Garden & Pet Co.	X			04/08/97	X									
SP	Columbia/HCA Healthcare Corp.		X		04/09/97		X								
SP	Genesis Health Ventures Inc.	X			04/09/97	X									
SP	Superior Svcs Inc.	X			04/11/97		X								
SP	Avon Products Inc.	X			04/14/97	X									
SP	Columbia/HCA Healthcare Corp.		X		04/14/97		X								
SP	Citicorp	X			04/15/97	X									
SP	Electronics Arts	X			04/15/97	X									
SP	Federal Home Loan Mortgage Co.	X			04/15/97	X									
SP	Intel Corporation	X			04/15/97	X									
SP	Lindsay Mfg Co.	X			04/15/97		X								
SP	McDonalds Corp.	X			04/15/97	X									
SP	Tele Communications Inc. Cl A	X			04/15/97	X									
SP	Wells Fargo & Co.	X			04/15/97	X									
SP	Apogee Enterprises Inc.	X			04/16/97	X									
SP	Lazard Funds Emerg. Mkts. Port.	X			04/16/97			X							
SP	Performance Food Group Co.	X			04/16/97	X									
SP	Sofamor/Danek Group Inc.	X			04/16/97		X								
SP	Stride Rite Corp.	X			04/16/97		X								
SP	Heartland Express Inc.	X			04/17/97	X									
SP	Lazard Funds Intl Small Cap. Port.	X			04/17/97			X							
SP	Performance Food Group Co.	X			04/17/97	X									
SP	Vesta Ins Group Inc.	X			04/17/97	X									
SP	Downey Finl Group Corp.	X			04/18/97		X								
SP	Stratus Computer Inc.	X			04/18/97		X								
SP	Vesta Ins Group Inc.	X			04/18/97	X									
SP	Apogee Enterprises Inc.	X			04/21/97	X									
SP	Carlisle Companies Inc.	X			04/21/97	X									
SP	Micros Sys Inc.	X			04/21/97		X								
SP	Vesta Ins Group Inc.	X			04/21/97	X									
SP	Medicis Pharmaceuticals Corp.	X			04/22/97	X									
SP	PRI Automation Inc.	X			04/22/97		X								
SP	Carlisle Companies Inc.	X			04/23/97	X									
SP	Network Gen Corp.	X			04/23/97	X									
SP	North Fork Bancorporation Inc.	X			04/23/97		X								
SP	Performance Food Group Co.	X			04/23/97	X									
SP	Medicis Pharmaceuticals Corp.	X			04/24/97	X									
SP	Performance Food Group Co.	X			04/24/97	X									
SP	Lazard Funds Emerg. Mkts. Port.	X			04/25/97			X							
SP	Medicis Pharmaceuticals Corp.	X			04/25/97	X									
SP	Performance Food Group Co.	X			04/25/97	X									
SP	PRI Automation Inc.	X			04/25/97	X									
SP	Sanmina Corp.	X			04/25/97	X									

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	US Treasury Note 08/15/99	X			04/25/97							X			
SP	Coherent Inc.	X			04/28/97	X									
SP	Lindsay Mfg Co.	X			04/28/97	X									
SP	Medicis Pharmaceuticals Corp.	X			04/28/97	X									
SP	Performance Food Group Co.	X			04/28/97	X									
SP	Safeskin Corp.	X			04/28/97	X									
SP	Alcatel Alsthom	X			04/29/97	X									
SP	Astra AB	X			04/29/97	X									
SP	ENI SPA	X			04/29/97	X									
SP	Rhone Poulenc SA	X			04/29/97	X									
SP	Zurich Insurance Co.	X			04/29/97	X									
SP	OM Group Inc.	X			04/30/97		X								
SP	Sofamor/Danek Group Inc.	X			04/30/97		X								
SP	Swire Pacific Ltd.	X			04/30/97	X									
SP	US Treasury Note 04/30/2001	X			04/30/97							X			
SP	US Treasury Note 10/15/2006	X			04/30/97							X			
SP	Interface Inc.	X			05/01/97		X								
SP	Lazard Funds Emerg. Mkts. Port.	X			05/01/97	X									
SP	Mitsuibishi Heavy Industries LTD	X			05/01/97		X								
SP	Omron Corp.	X			05/01/97		X								
SP	Ricoh Corp. LTD	X			05/01/97		X								
SP	Seacor Smit Inc.	X			05/01/97	X									
SP	Sekisui Chemical Co.	X			05/01/97		X								
SP	Stride Rite Corp.	X			05/02/97	X									
SP	Aptargroup Inc.	X			05/07/97		X								
SP	Novartis SA	X			05/07/97		X								
SP	Orix Corp.	X			05/07/97		X								
SP	SGS Societe Generale Surveillance	X			05/07/97		X								
SP	Sumitomo Trust & Banking	X			05/07/97		X								
SP	Aptargroup Inc.	X			05/08/97	X									
SP	Central Garden & Pet Co.	X			05/08/97	X									
SP	General Electric PLC	X			05/08/97	X									
SP	Respironics Inc.	X			05/08/97		X								
SP	Zale Corp.	X			05/08/97		X								
SP	Commercial Federal	X			05/09/97		X								
SP	Daimler-Benz AG RTS		X		05/09/97	X									
SP	Peoples Heritage Financial Group Inc.	X			05/09/97		X								
SP	BTG Inc.		X		05/12/97	X									
SP	Cadbury Schweppes PLC	X			05/13/97	X									
SP	Coles Myer LTD	X			05/13/97	X									
SP	Diageo PLC	X			05/13/97	X									
SP	Elf Aquitaine	X			05/13/97	X									
SP	ENI SPA	X			05/13/97	X									
SP	Honda Motor Co. Ltd.	X			05/13/97	X									
SP	Istituto Nazionale Delle Assicurazioni SPA	X			05/13/97	X									
SP	Lucas Varity PLC	X			05/13/97	X									
SP	Rank Group PLC	X			05/13/97	X									
SP	Rhone Poulenc SA	X			05/13/97	X									
SP	Westpac Banking Corp.	X			05/13/97	X									
SP	Zurich Insurance Co.	X			05/13/97	X									

JANE HARMAN
FORM A. SCHEDULE IV ATTACHMENT 6
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type P	S	E	Date	Amount of Transaction B	C	D	E	F	G	H	I	J	K
SP	Electrolux B	X			05/14/97	X									
SP	Granges AB	X			05/14/97	X									
SP	Lazard Funds Intl Small Cap. Port.	X			05/14/97	X									
SP	Marine Drilling Cos.	X			05/14/97	X									
SP	Central Garden & Pet Co.	X			05/15/97	X									
SP	Fiat SPA	X			05/15/97	X									
SP	Hadco Corp.	X			05/15/97		X								
SP	Astra AB	X			05/16/97	X									
SP	Cadbury Schweppes PLC	X			05/16/97	X									
SP	Daimler-Benz AG	X			05/16/97	X									
SP	Fiat SPA	X			05/16/97	X									
SP	Lucas Varity PLC	X			05/16/97	X									
SP	National Power Corp PLC	X			05/16/97	X									
SP	Nestle SA	X			05/16/97	X									
SP	Rhone Poulenc SA	X			05/16/97	X									
SP	Ricoh Corp. LTD	X			05/19/97	X									
SP	Sekisui Chemical Co.	X			05/19/97	X									
SP	Swire Pacific Ltd.	X			05/19/97	X									
SP	Aflac Inc.	X			05/20/97		X								
SP	Anadigics Inc.	X			05/20/97	X									
SP	Champion International Corp.	X			05/20/97		X								
SP	Citicorp	X			05/20/97		X								
SP	Countrywide CR Inds Inc.	X			05/20/97		X								
SP	Diageo PLC	X			05/20/97		X								
SP	Federal Home Loan Mortgage Co.	X			05/20/97		X								
SP	General Electric Co.	X			05/20/97		X								
SP	Lockheed Martin Corp.	X			05/20/97		X								
SP	Lucas Varity PLC	X			05/20/97		X								
SP	Mattel Inc.	X			05/20/97		X								
SP	Progressive Corp.	X			05/20/97		X								
SP	Sprint Corp.	X			05/20/97		X								
SP	Svenska Handelsbanken	X			05/20/97	X									
SP	Tele Communications Inc. Cl A	X			05/20/97		X								
SP	Unidanmark	X			05/20/97	X									
SP	Wells Fargo & Co.	X			05/20/97		X								
SP	BAT Industries PLC	X			05/21/97	X									
SP	Becton Dickinson And Company	X			05/21/97		X								
SP	British Aerospace	X			05/21/97	X									
SP	BTR PLC	X			05/21/97	X									
SP	Lion Nathan Ltd.	X			05/21/97	X									
SP	US Treasury Note 10/15/2006	X			05/21/97					X					
SP	Bay View Cap Corp.	X			05/22/97		X								
SP	Telecom Italia Di Risp	X			05/22/97	X									
SP	Anadigics Inc.	X			05/23/97		X								
SP	Boeing Company	X			05/23/97		X								
SP	EI DuPont De Nemours & Co.	X			05/23/97		X								
SP	Ferro Corporation	X			05/23/97	X									
SP	May Department Stores Co.	X			05/23/97	X									
SP	Monsanto Co.	X			05/23/97		X								
SP	Solutia Inc.	X			05/23/97	X									

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	Tenneco Inc.	X			05/23/97		X								
SP	Worldcom Inc.		X		05/23/97			X							
SP	Wyman-Gordon Company	X			05/23/97		X								
SP	Cadbury Schweppes PLC	X			05/27/97	X									
SP	Deutsche Bank AG	X			05/27/97	X									
SP	Diageo PLC	X			05/27/97	X									
SP	Electrolux B	X			05/27/97	X									
SP	Ferro Corporation	X			05/27/97	X									
SP	Metallgesellschaft AG	X			05/27/97	X									
SP	Mitsuibishi Heavy Industries LTD	X			05/27/97	X									
SP	National Power Corp PLC	X			05/27/97	X									
SP	NKK Corp.		X		05/27/97		X								
SP	Royal Dutch Petroleum NY	X			05/27/97		X								
SP	Telefonica de Espana SA	X			05/27/97	X									
SP	UPM-Kymmene OY	X			05/27/97	X									
SP	Zurich Insurance Co.	X			05/27/97	X									
SP	Avon Products Inc	X			05/28/97	X									
SP	Daimler-Benz AG	X			05/28/97	X									
SP	Electronics Arts	X			05/28/97	X									
SP	Elf Aquitaine	X			05/28/97	X									
SP	Lucas Varity PLC	X			05/28/97	X									
SP	Rhone Poulenc SA	X			05/28/97	X									
SP	Wells Fargo & Co.	X			05/28/97		X								
SP	Amerisource Health Corp.	X			05/29/97		X								
SP	Arrow Electronics Inc.		X		05/29/97		X								
SP	ENI SPA	X			05/29/97	X									
SP	Interface Inc.	X			05/29/97	X									
SP	Nippon Telegraph & Telephone Corp.	X			05/29/97		X								
SP	Amerisource Health Corp.	X			05/30/97		X								
SP	Banque Nationale De Paris	X			05/30/97	X									
SP	British Aerospace	X			05/30/97	X									
SP	BTR PLC	X			05/30/97	X									
SP	Compagnie Generale Des Eaux	X			05/30/97		X								
SP	General Electric PLC	X			05/30/97	X									
SP	Interim Services Inc.	X			05/30/97		X								
SP	Mirror Group PLC	X			05/30/97	X									
SP	Patterson Dental Co.	X			05/30/97	X									
SP	Redland PLC	X			05/30/97	X									
SP	Sears PLC	X			05/30/97	X									
SP	Swift Transn Inc.	X			05/30/97		X								
SP	CDI Corp.	X			06/02/97		X								
SP	EMI Group	X			06/02/97		X								
SP	EMI Group B	X			06/02/97	X									
SP	Interface Inc.	X			06/02/97	X									
SP	Littlefuse Inc.	X			06/02/97		X								
SP	Pier 1 Imports Inc.	X			06/02/97	X									
SP	Zale Corp.	X			06/02/97	X									
SP	Allied Domecq		X		06/03/97	X									
SP	Computer Data Sys Inc.		X		06/03/97		X								
SP	Rauma OY		X		06/04/97	X									

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	G&K Services Inc. Cl. A	X			06/05/97	X									
SP	Holderbank FN	X			06/05/97		X								
SP	New England Business Services Inc.	X			06/05/97		X								
SP	Aflac Inc.	X			06/06/97			X							
SP	Avon Products Inc.	X			06/06/97		X								
SP	Becton Dickinson And Company	X			06/06/97		X								
SP	Boeing Company	X			06/06/97		X								
SP	Caterpillar Inc.	X			06/06/97		X								
SP	Citicorp	X			06/06/97		X								
SP	Countrywide CR Inds Inc.	X			06/06/97		X								
SP	Diageo PLC	X			06/06/97		X								
SP	Dole Food Inc.	X			06/06/97		X								
SP	EMI Group B	X			06/06/97	X									
SP	Federal Home Loan Mortgage Co.	X			06/06/97			X							
SP	Freeport McMoran Copper and Gold Inc.	X			06/06/97		X								
SP	Hercules Incorporated	X			06/06/97		X								
SP	Intel Corporation	X			06/06/97	X									
SP	Lockheed Martin Corp.	X			06/06/97		X								
SP	Mattel Inc.	X			06/06/97		X								
SP	May Department Stores Co.	X			06/06/97		X								
SP	Monsanto Co.	X			06/06/97		X								
SP	Progressive Corp.	X			06/06/97		X								
SP	Solutia Inc.	X			06/06/97	X									
SP	Sprint Corp.	X			06/06/97		X								
SP	Tele Communications Inc. Cl A	X			06/06/97		X								
SP	Tenet Healthcare Corp.	X			06/06/97		X								
SP	Tenneco Inc.	X			06/06/97		X								
SP	Travelers Group Inc.	X			06/06/97		X								
SP	Wells Fargo & Co.	X			06/06/97		X								
SP	Allied Domecq		X		06/09/97	X									
SP	Cadbury Schweppes PLC	X			06/10/97	X									
SP	Elf Aquitaine	X			06/10/97	X									
SP	ENI SPA	X			06/10/97	X									
SP	Honda Motor Co. Ltd.	X			06/10/97	X									
SP	Lucas Varity PLC	X			06/10/97	X									
SP	National Power Corp PLC	X			06/10/97		X								
SP	Nippon Telegraph & Telephone Corp.	X			06/10/97	X									
SP	Pier 1 Imports Inc.	X			06/10/97	X									
SP	Rhone Poulenc SA	X			06/10/97	X									
SP	Fiat SPA	X			06/11/97	X									
SP	Hadco Corp.	X			06/11/97	X									
SP	Hoechst AG	X			06/11/97		X								
SP	Mitsuibishi Heavy Industries LTD	X			06/11/97	X									
SP	Novartis SA	X			06/11/97		X								
SP	Allied Domecq		X		06/12/97	X									
SP	Aflac Inc.		X		06/13/97		X								
SP	BTR PLC	X			06/13/97	X									
SP	Citicorp		X		06/13/97		X								
SP	EMI Group	X			06/13/97	X									
SP	Etec Systems Inc.	X			06/13/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT 6
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	Tower Automotive Inc.	X			06/13/97		X									
SP	Wells Fargo & Co.		X		06/13/97			X								
SP	Anadigics Inc.	X			06/16/97	X										
SP	BAT Industries PLC	X			06/16/97	X										
SP	Etec Systems Inc.	X			06/16/97	X										
SP	Federal Home Loan Mortgage Co.		X		06/16/97				X							
SP	Tower Automotive Inc.	X			06/16/97	X										
SP	Adaptec Inc.	X			06/17/97				X							
SP	Avon Products Inc.		X		06/17/97		X									
SP	Canadian Pacific Ltd.		X		06/17/97	X										
SP	General Instrument Corp.		X		06/17/97		X									
SP	McDonnell Douglas Corporation		X		06/17/97	X										
SP	Tele Communications Inc. Cl A		X		06/17/97		X									
SP	Tenneco Inc.		X		06/17/97		X									
SP	Veritas DGC Inc.	X			06/17/97	X										
SP	Videoserver Inc.		X		06/17/97	X										
SP	Kuhlman Corp.	X			06/20/97		X									
SP	MTS Systems Corp.	X			06/20/97		X									
SP	Parexel Intl Corp.	X			06/20/97	X										
SP	Stride Rite Corp.	X			06/20/97	X										
SP	Stride Rite Corp.	X			06/23/97	X										
SP	Videoserver Inc.		X		06/23/97	X										
SP	Empresa Nacional De Electricidad SA		X		06/24/97		X									
SP	Logicon Inc.		X		06/24/97		X									
SP	Sprint Corp. rts.		X		06/24/97	X										
SP	Varco International Inc.	X			06/24/97		X									
SP	Anadigics Inc.	X			06/25/97	X										
SP	BE Aerospace Inc.	X			06/25/97	X										
SP	Telecom Italia Di Risp	X			06/25/97	X										
SP	Varco International Inc.	X			06/25/97	X										
SP	Videoserver Inc.		X		06/25/97	X										
SP	CDI Corp.	X			06/26/97	X										
SP	Matsushita Electric Industrial Co. Ltd.	X			06/26/97	X										
SP	Zale Corp.	X			06/26/97	X										
SP	Micrel Inc.	X			06/27/97		X									
SP	Samsonite Corp.	X			06/27/97		X									
SP	Banque Nationale De Paris	X			06/30/97		X									
SP	Diageo PLC	X			07/01/97	X										
SP	Elf Aquitaine	X			07/01/97	X										
SP	Heineken NV		X		07/01/97		X									
SP	Matsushita Electric Industrial Co. Ltd.	X			07/01/97	X										
SP	Sony Corp.	X			07/01/97		X									
SP	Videoserver Inc.		X		07/01/97	X										
SP	Brightpoint Inc.	X			07/02/97	X										
SP	Coles Myer LTD		X		07/02/97		X									
SP	Dai Nippon Prtg Ltd.		X		07/02/97		X									
SP	Heineken NV	X			07/02/97		X									
SP	Mannesmann AG	X			07/02/97		X									
SP	MTS Systems Corp.	X			07/02/97	X										
SP	Orix Corp.	X			07/02/97		X									

JANE HARMAN
FORM A. SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	Ricoh Corp. LTD	X			07/02/97	X									
SP	Svenska Handelsbanken	X			07/02/97	X									
SP	Prepaid Legal Svcs. Inc.	X			07/03/97		X								
SP	Brightpoint Inc	X			07/07/97	X									
SP	Vesta Ins Group Inc.	X			07/07/97	X									
SP	Compagnie Generale Des Eaux	X			07/08/97	X									
SP	Brightpoint Inc.	X			07/10/97		X								
SP	Stride Rite Corp.	X			07/10/97	X									
SP	Countrywide CR Inds Inc.		X		07/11/97		X								
SP	Freeport McMoran Copper and Gold Inc.		X		07/11/97		X								
SP	General Re Corp.	X			07/11/97			X							
SP	Mattel Inc.		X		07/11/97		X								
SP	Medical Res Inc.	X			07/11/97	X									
SP	Robbins & Myers Inc.	X			07/11/97	X									
SP	Tenneco Inc.		X		07/11/97		X								
SP	British Petroleum Co.	X			07/14/97		X								
SP	Culligan Water Technologies Inc.	X			07/14/97	X									
SP	Marquette Med Sys Inc.	X			07/14/97		X								
SP	Medical Res Inc.	X			07/14/97	X									
SP	Rank Group PLC	X			07/14/97	X									
SP	Network Gen Corp.		X		07/16/97	X									
SP	Royal Dutch Petroleum NY		X		07/16/97		X								
SP	Deutsche Bank AG		X		07/17/97		X								
SP	Network Gen Corp.		X		07/17/97	X									
SP	BDM Inc.		X		07/18/97	X									
SP	Network Gen Corp.		X		07/18/97	X									
SP	BDM Inc.		X		07/21/97		X								
SP	BDM Inc.		X		07/22/97	X									
SP	Equity Corp. International	X			07/22/97	X									
SP	Expeditors Intl Wash Inc.	X			07/22/97	X									
SP	US Treasury Note 07/31/99	X			07/22/97					X					
SP	Frontier Ins Group Inc.	X			07/23/97		X								
SP	Dresdner Bank AG	X			07/25/97		X								
SP	Dresdner Bank AG rts.			X	07/25/97	X									
SP	CACI International Inc. Cl. A		X		07/28/97		X								
SP	Sprint Corp.	X			07/28/97		X								
SP	Tenneco Inc.		X		07/28/97		X								
SP	US Treasury Bills	X			07/29/97							X			
SP	Transamerica Corporation	X			07/30/97		X								
SP	US Treasury Note 11/30/98	X			07/31/97					X					
SP	Swift Transn Inc.	X			08/01/97	X									
SP	Medical Res Inc.	X			08/04/97		X								
SP	Pediatrix Med Group	X			08/04/97		X								
SP	Devry Inc.		X		08/05/97		X								
SP	Equity Corp. International	X			08/06/97	X									
SP	Prime Hospitality Corp.	X			08/06/97		X								
SP	Tetra Tech Inc.	X			08/07/97		X								
SP	Champion Enterprise		X		08/08/97	X									
SP	Network Gen Corp.		X		08/08/97		X								
SP	Nuevo Energy Co.		X		08/08/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT 6
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	Petco Animal Supplies Inc.	X			08/08/97		X									
SP	Westamerica Bancorporation	X			08/08/97		X									
SP	CACI International Inc. Cl. A		X		08/11/97		X									
SP	Champion Enterprise		X		08/11/97	X										
SP	Coast Savings Financial Inc.		X		08/11/97		X									
SP	Pediatrix Med Group	X			08/11/97	X										
SP	Prime Hospitality Corp.	X			08/11/97	X										
SP	Pediatrix Med Group	X			08/12/97	X										
SP	Roadway Express Inc.	X			08/12/97		X									
SP	St. John Knits Inc.	X			08/12/97	X										
SP	Petco Animal Supplies Inc.	X			08/13/97		X									
SP	Transaction Sys Architects Inc. Cl A	X			08/13/97		X									
SP	British Petroleum Co.	X			08/15/97	X										
SP	EMC Corp. Mass	X			08/15/97			X								
SP	Federal Home Loan Mortgage Co.	X			08/15/97				X							
SP	Royal Dutch Petroleum NY	X			08/15/97	X										
SP	Sears PLC		X		08/15/97	X										
SP	Transaction Sys Architects Inc. Cl A	X			08/15/97		X									
SP	Triton Energy Ltd.	X			08/15/97			X								
SP	Wells Fargo & Co.	X			08/15/97			X								
SP	Istituto Nazionale Delle Assicurazioni SPA		X		08/18/97		X									
SP	Granada Group Ltd.	X			08/19/97	X										
SP	Redland PLC		X		08/19/97	X										
SP	EMI Group	X			08/20/97	X										
SP	Granada Group Ltd.	X			08/20/97		X									
SP	National Westminister Bk PLC	X			08/20/97		X									
SP	Richfood Holdings Inc.		X		08/20/97	X										
SP	Telecom Italia Di Risp	X			08/21/97	X										
SP	Redland PLC		X		08/22/97		X									
SP	Robbins & Myers Inc.	X			08/22/97	X										
SP	Sears PLC		X		08/22/97	X										
SP	Micros Sys Inc.	X			08/25/97	X										
SP	Tele Communications Inc. Cl A		X		08/25/97				X							
SP	Citicorp	X			08/26/97		X									
SP	Lockheed Martin Corp.	X			08/26/97			X								
SP	McDonalds Corp.	X			08/26/97		X									
SP	Transition Systems Inc.	X			08/28/97		X									
SP	Avid Technology Inc.	X			08/29/97		X									
SP	AXA-UAP	X			08/29/97		X									
SP	Dresdner Bank AG rts.		X		08/29/97	X										
SP	Granges AB		X		08/29/97	X										
SP	Havas	X			08/29/97		X									
SP	US Treasury Note 05/15/2005	X			08/29/97					X						
SP	Hyperion Software Corp.	X			09/02/97		X									
SP	Lazard Funds Emerg. Mkts. Port.	X			09/02/97			X								
SP	Lazard Funds Intl Small Cap. Port.	X			09/02/97			X								
SP	Boeing Company	X			09/03/97			X								
SP	Periphonics Corp.		X		09/05/97	X										
SP	Adaptec Inc.		X		09/09/97		X									
SP	Carnival Corp. Cl A	X			09/09/97				X							

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT 6
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	Zebra Technologies Corp Cl A	X			09/09/97	X										
SP	Astra AB	X			09/10/97	X										
SP	Daimler-Benz AG	X			09/10/97	X										
SP	National Westminister Bk PLC	X			09/10/97	X										
SP	Aflac Inc.		X		09/12/97		X									
SP	Citicorp		X		09/12/97		X									
SP	Electronics Arts		X		09/12/97		X									
SP	Freeport McMoran Copper and Gold Inc.		X		09/12/97		X									
SP	Metro AG	X			09/12/97	X										
SP	Progressive Corp.		X		09/12/97		X									
SP	Tenneco Inc.		X		09/12/97		X									
SP	Time Warner Inc.	X			09/12/97				X							
SP	BankBoston Corp.	X			09/15/97			X								
SP	BAT Industries PLC	X			09/15/97	X										
SP	Cable Design Technologies Corp.	X			09/15/97		X									
SP	Telecom Italia Di Risp	X			09/15/97	X										
SP	Total Renal Care Holdings	X			09/15/97		X									
SP	American Oncology Res Inc.	X			09/17/97		X									
SP	Crossman Cmntys Inc.	X			09/17/97		X									
SP	Sequent Computer Sys Inc.	X			09/17/97		X									
SP	Hadco Corp.	X			09/19/97		X									
SP	American Oncology Res Inc.	X			09/22/97	X										
SP	Patterson Energy Inc.		X		09/23/97		X									
SP	Credit Suisse Group	X			09/24/97		X									
SP	Rural/Metro Corp.		X		09/25/97		X									
SP	Commscope Inc.		X		09/26/97	X										
SP	Electronics Arts		X		09/26/97			X								
SP	General Semiconductor Inc.		X		09/26/97	X										
SP	Lockheed Martin Corp.	X			09/26/97		X									
SP	McDonalds Corp.	X			09/26/97		X									
SP	Nextlevel Sys Inc.		X		09/26/97			X								
SP	Solutia Inc.		X		09/26/97		X									
SP	Sprint Corp.	X			09/26/97		X									
SP	TCI Ventures Group	X			09/26/97		X									
SP	Tenet Healthcare Corp.	X			09/26/97		X									
SP	Wells Fargo & Co.	X			09/26/97			X								
SP	AMR Corp.	X			09/29/97			X								
SP	Hyperion Software Corp.	X			09/30/97		X									
SP	US Treasury Note 03/31/99	X			09/30/97			X								
SP	EMI Group B		X		10/01/97	X										
SP	Aflac Inc.	X			10/02/97		X									
SP	American Oncology Res Inc.	X			10/02/97	X										
SP	Boeing Company	X			10/02/97		X									
SP	Countrywide CR Inds Inc.	X			10/02/97		X									
SP	Hvide Marine Inc.	X			10/02/97		X									
SP	Richfood Holdings Inc.	X			10/02/97	X										
SP	Tele Communications Inc. Cl A		X		10/02/97				X							
SP	Aflac Inc.	X			10/07/97		X									
SP	AMR Corp.	X			10/07/97	X										
SP	Avon Products Inc.	X			10/07/97		X									

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	Becton Dickinson And Company	X			10/07/97		X								
SP	Boeing Company	X			10/07/97		X								
SP	Caterpillar Inc.	X			10/07/97			X							
SP	Champion International Corp.	X			10/07/97		X								
SP	Citicorp	X			10/07/97			X							
SP	Countrywide CR Inds Inc.	X			10/07/97		X								
SP	EI DuPont De Nemours & Co.	X			10/07/97		X								
SP	Federal Home Loan Mortgage Co.	X			10/07/97			X							
SP	Freeport McMoran Copper and Gold Inc.	X			10/07/97		X								
SP	General Electric Co.	X			10/07/97		X								
SP	General Re Corp.	X			10/07/97		X								
SP	Hercules Incorporated	X			10/07/97		X								
SP	Lockheed Martin Corp.	X			10/07/97		X								
SP	Lucas Varity PLC	X			10/07/97		X								
SP	Mattel Inc.	X			10/07/97		X								
SP	McDonalds Corp.	X			10/07/97		X								
SP	Monsanto Co.	X			10/07/97		X								
SP	Progressive Corp.	X			10/07/97		X								
SP	Sprint Corp.	X			10/07/97		X								
SP	TCI Ventures Group	X			10/07/97		X								
SP	Tenet Healthcare Corp.	X			10/07/97		X								
SP	Wells Fargo & Co.	X			10/07/97			X							
SP	Matsushita Electric Industrial Co. Ltd.	X			10/08/97		X								
SP	National Power Corp PLC	X			10/08/97	X									
SP	Nippon Telegraph & Telephone Corp.	X			10/08/97	X									
SP	Periphonics Corp.		X		10/09/97	X									
SP	Ricoh Corp. LTD	X			10/09/97	X									
SP	Sekisui Chemical Co.	X			10/09/97		X								
SP	Lion Nathan Ltd.		X		10/10/97		X								
SP	Patterson Energy Inc.		X		10/10/97		X								
SP	Rank Group PLC	X			10/10/97	X									
SP	BAT Industries PLC	X			10/14/97	X									
SP	Credit Suisse Group	X			10/14/97	X									
SP	Daimler-Benz AG	X			10/14/97	X									
SP	EMI Group	X			10/14/97	X									
SP	Granada Group Ltd.	X			10/14/97	X									
SP	Honda Motor Co. Ltd.	X			10/14/97	X									
SP	Metallgesellschaft AG	X			10/14/97	X									
SP	SGS Societe Generale Surveillance	X			10/14/97		X								
SP	SMH AG Nuenburg	X			10/14/97		X								
SP	Swire Pacific Ltd.	X			10/14/97	X									
SP	Telecom Italia Di Risp	X			10/14/97	X									
SP	Telefonica de Espana SA	X			10/14/97		X								
SP	UPM-Kymmene OY	X			10/14/97	X									
SP	Viag AG	X			10/14/97		X								
SP	Fiat SPA	X			10/15/97	X									
SP	Avid Technology Inc.	X			10/17/97	X									
SP	Reed International PLC	X			10/17/97				X						
SP	Avid Technology Inc.	X			10/20/97	X									
SP	Lazard Funds Emerg. Mkts. Port.	X			10/21/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT 6
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	Lazard Funds Intl Small Cap. Port.	X			10/21/97		X								
SP	Adaptec Inc		X		10/22/97		X								
SP	EMC Corp Mass		X		10/22/97			X							
SP	Sysco Corp.	X			10/22/97			X							
SP	Boeing Company		X		10/23/97			X							
SP	American Disp Svcs Inc.	X			10/29/97		X								
SP	McDonalds Corp.	X			10/29/97		X								
SP	Reed International PLC	X			10/29/97		X								
SP	Tenet Healthcare Corp.	X			10/29/97		X								
SP	Time Warner Inc.	X			10/29/97		X								
SP	Warner Lambert Co.		X		10/29/97				X						
SP	Wells Fargo & Co.		X		10/29/97			X							
SP	AXA-UAP	X			10/31/97		X								
SP	Canadian Pacific Ltd.	X			10/31/97		X								
SP	American Oncology Res Inc.	X			11/05/97	X									
SP	Alcatel Alsthom	X			11/12/97	X									
SP	Astra AB	X			11/12/97	X									
SP	Credit Suisse Group	X			11/12/97	X									
SP	Diageo PLC	X			11/12/97	X									
SP	Dresdner Bank AG	X			11/12/97	X									
SP	ENI SPA	X			11/12/97	X									
SP	Hoechst AG	X			11/12/97	X									
SP	HSBC Holdings PLC	X			11/12/97		X								
SP	Matsushita Electric Industrial Co. Ltd.	X			11/12/97		X								
SP	Nestle SA	X			11/12/97	X									
SP	Phillips Electronics N.V.	X			11/12/97		X								
SP	Royal Dutch Petroleum NY	X			11/12/97	X									
SP	Telefonica de Espana SA	X			11/12/97	X									
SP	Unilever NV	X			11/12/97		X								
SP	UPM-Kymmene OY	X			11/12/97	X									
SP	Zurich Insurance Co.	X			11/14/97	X									
SP	Holderbank FN	X			11/17/97		X								
SP	Diageo PLC	X			11/18/97			X							
SP	Caterpillar Inc.	X			11/19/97			X							
SP	Travelers Group Inc.		X		11/19/97		X								
SP	Lucas Varity PLC		X		11/20/97		X								
SP	California St Pub Wks 09/01/99	X			11/21/97							X			
SP	Contra Costa CA 03/01/2004	X			11/21/97							X			
SP	Los Angeles Co. CA 10/01/2001	X			11/21/97							X			
SP	Regal Cinemas Inc.		X		11/21/97		X								
SP	US Treasury Note 03/31/99		X		11/21/97			X							
SP	US Treasury Note 07/31/99		X		11/21/97							X			
SP	US Treasury Note 08/15/99		X		11/21/97							X			
SP	Canadian Pacific Ltd.	X			11/24/97			X							
SP	Federal Home Loan Mortgage Co.		X		11/24/97		X								
SP	Wyman-Gordon Company		X		11/24/97	X									
SP	West & Cent. Basin FA 08/01/2002	X			11/25/97							X			
SP	Medical Res Inc.		X		12/01/97	X									
SP	Arrow Electronics Inc.	X			12/02/97			X							
SP	Daimler-Benz AG	X			12/02/97	X									

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT 6
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	ENI SPA	X			12/02/97	X										
SP	Hoechst AG	X			12/02/97	X										
SP	Honda Motor Co. Ltd.	X			12/02/97	X										
SP	Lucas Varity PLC	X			12/02/97	X										
SP	Medical Res Inc.		X		12/02/97	X										
SP	National Westminister Bk PLC	X			12/02/97	X										
SP	Nippon Telegraph & Telephone Corp.	X			12/02/97		X									
SP	Phillips Electronics N.V.	X			12/02/97	X										
SP	Sony Corp.	X			12/02/97		X									
SP	Swire Pacific Ltd.	X			12/02/97	X										
SP	Unilever NV	X			12/02/97	X										
SP	US Treasury Bonds	X			12/02/97				X							
SP	US Treasury Bonds		X		12/02/97				X							
SP	Deutsche Bank AG	X			12/03/97	X										
SP	Metallgesellschaft AG	X			12/03/97	X										
SP	Metro AG	X			12/03/97	X										
SP	Transamerica Corporation	X			12/03/97				X							
SP	Unidanmark	X			12/03/97	X										
SP	BAT Industries PLC	X			12/05/97	X										
SP	British Aerospace	X			12/05/97		X									
SP	General Electric PLC	X			12/05/97	X										
SP	Granada Group Ltd.	X			12/05/97	X										
SP	Halter Marine Group Inc.	X			12/05/97		X									
SP	Telecom Italia Di Risp	X			12/05/97	X										
SP	UPM-Kymmene OY	X			12/05/97	X										
SP	Coherent Inc.		X		12/08/97		X									
SP	Alcatel Alsthom	X			12/11/97	X										
SP	British Petroleum Co.	X			12/11/97	X										
SP	Diageo PLC	X			12/11/97	X										
SP	Elf Aquitaine	X			12/11/97	X										
SP	Mannesmann AG	X			12/11/97		X									
SP	Matsushita Electric Industrial Co. Ltd.	X			12/11/97		X									
SP	National Power Corp PLC	X			12/11/97	X										
SP	Phillips Electronics N.V.	X			12/11/97	X										
SP	Puerto Rico Elec Pwr Auth 07/01/2001	X			12/11/97							X				
SP	Rhone Poulenc SA	X			12/11/97		X									
SP	Royal Dutch Petroleum NY	X			12/11/97	X										
SP	Telefonica de Espana SA	X			12/11/97	X										
SP	Unilever NV	X			12/11/97	X										
SP	US Treasury Note 11/30/98		X		12/11/97							X				
SP	California St Veterans 12/01/2009	X			12/12/97						X					
SP	Dresdner Bank AG	X			12/12/97	X										
SP	Electrolux B	X			12/12/97	X										
SP	LNR Property		X		12/12/97		X									
SP	Metallgesellschaft AG	X			12/12/97	X										
SP	Metro AG	X			12/12/97	X										
SP	Novartis SA	X			12/12/97		X									
SP	Omron Corp.	X			12/12/97		X									
SP	Ricoh Corp. LTD	X			12/12/97		X									
SP	Sumitomo Trust & Banking	X			12/12/97			X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT G
SIDNEY HARMAN REVOCABLE TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	TCI Ventures Group		X		12/12/97				X						
SP	Thyssen DM	X			12/12/97		X								
SP	Zurich Insurance Co.	X			12/12/97	X									
SP	Asyst Technologies Inc.	X			12/16/97		X								
SP	Prime Med Svcs Inc.	X			12/16/97		X								
SP	Lazard Funds Emerg. Mkts. Port.		X		12/17/97				X						
SP	Los Angeles Co. CA 05/15/2007	X			12/17/97							X			
SP	US Treasury Note 02/15/2003		X		12/17/97						X				
SP	US Treasury Note 05/15/2005		X		12/17/97					X					
SP	BankBoston Corp.	X			12/19/97			X							
SP	Wells Fargo & Co.		X		12/19/97			X							
SP	Asyst Technologies Inc.	X			12/23/97	X									
SP	Apogee Enterprises Inc.		X		12/24/97	X									
SP	California St Pub Wks 09/01/2000	X			12/24/97							X			
SP	US Treasury Bills		X		12/24/97							X			
SP	US Treasury Note 11/30/98		X		12/26/97					X					
SP	AXA-UAP	X			12/31/97		X								
SP	Compagnie Generale Des Eaux	X			12/31/97	X									
SP	Havas	X			12/31/97	X									
SP	Lazard Funds Intl Small Cap. Port.	X			12/31/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT H
JANE HARMAN 15 YEAR GRANTOR INCOME TRUST

Asset	Type			Date	Amount of Transaction									
	P	S	E		B	C	D	E	F	G	H	I	J	K
FHLB Discount Note		X		01/13/97						X				
FHLB Discount Note	X			01/13/97						X				
FHLB Discount Note		X		01/14/97				X						
FHLB Discount Note	X			01/15/97				X						
FHLB Discount Note	X			02/14/97						X				
FHLB Discount Note		X		02/14/97				X						
FHLB Discount Note		X		02/14/97						X				
FHLB Discount Note		X		02/28/97						X				
FHLB Discount Note	X			02/28/97						X				
FHLB Discount Note	X			03/03/97						X				
FHLB Discount Note		X		03/03/97						X				
FHLB Discount Note		X		03/18/97						X				
Vanguard Index Trust 500 Portfolio	X			04/08/97						X				

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT H
JANE HARMAN 25 YEAR GRANTOR INCOME TRUST

Asset	Type P	Type S	Type E	Date	Amount of Transaction B	C	D	E	F	G	H	I	J	K
FHLB Discount Notes	X			01/13/97								X		
FHLB Discount Notes		X		01/13/97								X		
FHLB Discount Notes		X		01/14/97						X				
FHLB Discount Notes	X			01/15/97					X					
FHLB Discount Notes		X		02/13/97					X					
FHLB Discount Notes		X		02/14/97								X		
PBHG Emerging Growth Fund	X			03/04/97							X			
Putnam New Opportunities Fund	X			03/04/97							X			
Vanguard Index Trust 500 Portfolio	X			03/05/97							X			
PBHG Emerging Growth Fund	X			03/12/97			X							
Putnam New Opportunities Fund	X			03/12/97			X							
Vanguard Index Trust 500 Portfolio	X			03/12/97					X					
PBHG Emerging Growth Fund	X			04/25/97		X								
Putnam New Opportunities Fund	X			04/25/97		X								
Vanguard Index Trust 500 Portfolio	X			04/25/97					X					
PBHG Emerging Growth Fund	X			05/29/97		X								
Putnam New Opportunities Fund	X			05/29/97		X								
Vanguard Index Trust 500 Portfolio	X			05/29/97				X						
PBHG Emerging Growth Fund	X			06/26/97	X									
Putnam New Opportunities Fund	X			06/26/97	X									
Vanguard Index Trust 500 Portfolio	X			06/26/97				X						
PBHG Emerging Growth Fund	X			07/25/97		X								
Putnam New Opportunities Fund	X			07/25/97		X								
Vanguard Index Trust 500 Portfolio	X			07/25/97					X					
PBHG Emerging Growth Fund	X			08/28/97		X								
Putnam New Opportunities Fund	X			08/28/97		X								
Vanguard Index Trust 500 Portfolio	X			08/28/97				X						
PBHG Emerging Growth Fund	X			09/30/97	X									
Putnam New Opportunities Fund	X			09/30/97	X									
Vanguard Index Trust 500 Portfolio	X			09/30/97						X				
PBHG Emerging Growth Fund	X			10/27/97	X									
Putnam New Opportunities Fund	X			10/27/97	X									
Vanguard Index Trust 500 Portfolio	X			10/27/97				X						
PBHG Emerging Growth Fund	X			11/24/97		X								
Putnam New Opportunities Fund	X			11/24/97		X								

JANE HARMAN

FORM A, SCHEDULE IV ATTACHMENT J

THE LAKES DESCENDANTS TRUST

ASSET	TYPE			DATE	AMOUNT OF TRANSACTION								
	P	S	E		B	C	D	E	F	G	H	I	J	K
TRACY CA HOSPITAL 1/1/97		X		1/1/97				X					
SANTA CLARA COPS MULTI FAC 5/15/02	X			1/8/97				X					
CA ST PUBLIC WKS BRD SOLEDAD 11/1/04	X			5/22/97	X								
SAN BERNARDINO CTFA CAP FACS 8/1/01	X			9/15/97		X							
SAN BERNARDINO CO CA COPS 8/1/01		X		10/10/97		X							
WOMEN'S GROWTH CAPITAL FUND I, LLLP	X			10/14/97		X							

JANE HARMAN

FORM A, SCHEDULE IV ATTACHMENT K

THE LAKES DESCENDANTS TRUST - DC

ASSET	TYPE			DATE	AMOUNT OF TRANSACTION								
	P	S	E		B	C	D	E	F	G	H	I	J	K
DC TRACY CA HOSPITAL 1/1/97		X		1/1/97					X				
DC SANTA CLARA COPS MULTI FAC 5/15/02	X			1/8/97					X				
DC ANAHEIM CA ELEC SYS CTFS 10/1/00	X			5/22/97	X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT L
SIDNEY HARMAN CHARITABLE REMAINDER TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	US Treasury Note	X			Various								X			
SP	US Treasury Note 04/30/2001	X			03/07/97								X			
SP	FNMA 03/01/2016	X			03/13/97						X					
SP	Case Equipment 03/15/2004	X			03/18/97						X					
SP	US Treasury Note 04/30/2001		X		03/18/97						X					
SP	US Treasury Note 04/30/2001		X		03/20/97					X						
SP	Ford Motor Cr. Co. 02/28/2002	X			03/21/97						X					
SP	General Motors Acc. Corp. 02/07/2002	X			03/21/97						X					
SP	US Treasury Note 04/30/2001		X		03/21/97							X				
SP	US Treasury Note 04/30/2001		X		03/21/97						X					
SP	US Treasury Note 11/15/99	X			03/24/97							X				
SP	Associates Corp. NA 10/11/2001	X			03/27/97						X					
SP	US Treasury Bond 11/15/2012	X			03/27/97					X						
SP	US Treasury Note 04/30/2001		X		03/27/97						X					
SP	Ford Credit Auto Loan MT 02/15/2003	X			03/31/97						X					
SP	US Treasury Note 04/30/2001		X		03/31/97						X					
SP	US Treasury Note 04/30/2001		X		03/31/97							X				
SP	US Treasury Note 11/15/99		X		03/31/97				X							
SP	FNMA 04/01/2027	X			04/10/97					X						
SP	FNMA 11/01/2024	X			04/10/97	X										
SP	FNMA 12/01/2024	X			04/10/97						X					
SP	Harman International Industries Inc.	X			04/10/97							X				
SP	US Treasury Bond 11/15/2012		X		04/10/97				X							
SP	US Treasury Note 04/30/2001		X		04/10/97							X				
SP	US Treasury Note 04/30/2001		X		04/10/97						X					
SP	US Treasury Note 04/30/2001		X		04/10/97					X						
SP	FHLMC 04/01/2027	X			04/11/97						X					
SP	US Treasury Note 04/30/2001		X		04/11/97						X					
SP	GNMA 08/15/2026	X			04/17/97					X						
SP	US Treasury Bond 11/15/2012		X		04/17/97					X						
SP	US Treasury Note 04/30/2001		X		04/17/97				X							
SP	US Treasury Note 11/15/99		X		04/17/97							X				
SP	US Treasury Bond 11/15/2012	X			04/23/97				X							
SP	US Treasury Note 04/30/2001	X			04/23/97					X						
SP	Salomon Bros Mtg Secs 12/25/2030	X			04/30/97						X					
SP	US Treasury Note 04/30/2001		X		04/30/97					X						
SP	US Treasury Note 04/30/2001		X		05/01/97					X						
SP	FNMA 03/01/2016		X		05/22/97	X										
SP	FNMA 03/01/2016		X		05/27/97	X										
SP	FNMA 04/01/2027		X		05/27/97	X										
SP	FNMA 11/01/2024		X		05/27/97	X										
SP	FNMA 12/01/2024		X		05/27/97	X										
SP	Salomon Bros Mtg Secs 12/25/2030		X		05/30/97	X										
SP	US Treasury Bond 02/15/2026	X			06/02/97				X							
SP	Toronto Dominion Bank 03/27/2000	X			06/06/97						X					
SP	US Treasury Note 04/30/2001		X		06/06/97						X					
SP	US Treasury Note 05/15/2000	X			06/06/97							X				
SP	US Treasury Note 04/30/2001		X		06/10/97					X						
SP	US Treasury Note 05/15/2000		X		06/10/97				X							
SP	GNMA 08/15/2026		X		06/11/97	X										

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT L
SIDNEY HARMAN CHARITABLE REMAINDER TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	US Treasury Note 05/15/2000	X			06/12/97						X					
SP	FHLMC 04/01/2027		X		06/16/97	X										
SP	GNMA 08/15/2026		X		06/16/97	X										
SP	First Chicago NBD Corp. 03/15/2002	X			06/17/97						X					
SP	Nationsbank Corp. 04/03/2002	X			06/17/97						X					
SP	US Treasury Note 04/30/2001		X		06/17/97							X				
SP	US Treasury Note 04/30/2001		X		06/17/97							X				
SP	US Treasury Note 04/30/2001		X		06/18/97					X						
SP	US Treasury Note 05/15/2000		X		06/18/97			X								
SP	US Treasury Bond 11/15/2012		X		06/19/97				X							
SP	FHLMC 04/01/2027		X		06/20/97	X										
SP	GNMA 11/15/2017	X			06/24/97						X					
SP	FNMA 03/01/2016		X		06/25/97	X										
SP	FNMA 04/01/2027		X		06/25/97	X										
SP	FNMA 11/01/2024		X		06/25/97	X										
SP	FNMA 12/01/2024		X		06/25/97		X									
SP	GNMA 11/15/2017		X		06/25/97	X										
SP	GNMA 11/15/2017		X		06/25/97	X										
SP	Salomon Bros Mtg Secs 12/25/2030		X		06/25/97		X									
SP	CWMBS 04/25/2027	X			06/30/97						X					
SP	GNMA 10/15/2009	X			06/30/97						X					
SP	US Treasury Note 04/30/2001		X		07/02/97							X				
SP	US Treasury Note 11/15/99	X			07/02/97							X				
SP	US Treasury Note 04/30/2001		X		07/03/97					X						
SP	US Treasury Note 05/15/2000	X			07/11/97							X				
SP	FNMA 04/01/2009	X			07/14/97						X					
SP	FNMA 07/01/2027	X			07/14/97						X					
SP	FNMA 11/01/2026	X			07/14/97						X					
SP	Ford Credit Auto Loan MT 02/15/2003		X		07/14/97						X					
SP	US Treasury Bond 11/15/2012	X			07/14/97				X							
SP	US Treasury Note 04/30/2001		X		07/14/97						X					
SP	US Treasury Note 05/15/2000		X		07/14/97							X				
SP	US Treasury Note 11/15/99		X		07/14/97						X					
SP	FHLMC 04/01/2027		X		07/15/97	X										
SP	GNMA 08/15/2026		X		07/15/97	X										
SP	GNMA 10/15/2009		X		07/15/97	X										
SP	GNMA 11/15/2017		X		07/15/97	X										
SP	FNMA 06/01/2012	X			07/17/97					X						
SP	FNMA 07/01/2012	X			07/17/97					X						
SP	US Treasury Note 05/15/2000		X		07/17/97							X				
SP	Bk Ned Gemeenten 11/18/1999	X			07/18/97						X					
SP	US Treasury Note 11/15/99		X		07/18/97						X					
SP	GNMA 07/15/2027	X			07/21/97						X					
SP	GNMA 11/15/2023	X			07/21/97						X					
SP	US Treasury Bond 02/15/2026		X		07/21/97				X							
SP	US Treasury Bond 11/15/2012		X		07/21/97			X								
SP	US Treasury Note 04/30/2001		X		07/21/97							X				
SP	FHLMC 10/15/2021		X		07/25/97					X						
SP	FNMA 03/01/2016		X		07/25/97	X										
SP	FNMA 04/01/2027		X		07/25/97	X										

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT L
SIDNEY HARMAN CHARITABLE REMAINDER TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction										
		P	S	E		B	C	D	E	F	G	H	I	J	K	
SP	FNMA 11/01/2024		X		07/25/97	X										
SP	FNMA 12/01/2024		X		07/25/97	X										
SP	Salomon Bros Mtg Secs 12/25/2030		X		07/25/97	X										
SP	CWMBS 04/25/2027		X		07/31/97	X										
SP	US Treasury Bond 11/15/2012	X			07/31/97						X					
SP	US Treasury Bond 11/15/2012	X			08/05/97					X						
SP	FHLMC 04/01/2027		X		08/15/97	X										
SP	GNMA 07/15/2027		X		08/15/97	X										
SP	GNMA 08/15/2026		X		08/15/97	X										
SP	GNMA 10/15/2009		X		08/15/97	X										
SP	GNMA 11/15/2017		X		08/15/97	X										
SP	GNMA 11/15/2023		X		08/15/97		X									
SP	FNMA 07/01/2011	X			08/18/97					X						
SP	CWMBS 04/25/2027		X		08/25/97	X										
SP	FNMA 03/01/2016		X		08/25/97		X									
SP	FNMA 04/01/2009		X		08/25/97	X										
SP	FNMA 04/01/2027		X		08/25/97	X										
SP	FNMA 06/01/2012		X		08/25/97	X										
SP	FNMA 07/01/2012		X		08/25/97	X										
SP	FNMA 07/01/2027		X		08/25/97			X								
SP	FNMA 11/01/2024		X		08/25/97	X										
SP	FNMA 11/01/2026		X		08/25/97	X										
SP	FNMA 12/01/2024		X		08/25/97	X										
SP	Salomon Bros Mtg Secs 12/25/2030		X		08/25/97		X									
SP	US Treasury Bond 11/15/2012		X		09/08/97			X								
SP	US Treasury Note 05/15/2000		X		09/08/97		X									
SP	FHLMC 04/01/2027		X		09/15/97	X										
SP	GNMA 11/15/2023		X		09/15/97	X										
SP	GNMA 08/15/2026		X		09/15/97	X										
SP	GNMA 07/15/2027		X		09/15/97	X										
SP	GNMA 11/15/2017		X		09/15/97	X										
SP	GNMA 10/15/2009		X		09/15/97	X										
SP	FNMA 03/01/2016		X		09/25/97	X										
SP	FNMA 12/01/2024		X		09/25/97	X										
SP	FNMA 07/01/2011		X		09/25/97	X										
SP	FNMA 11/01/2026		X		09/25/97	X										
SP	FNMA 11/01/2024		X		09/25/97	X										
SP	FNMA 04/01/2009		X		09/25/97	X										
SP	FNMA 04/01/2027		X		09/25/97	X										
SP	FNMA 07/01/2027		X		09/25/97	X										
SP	FNMA 06/01/2012		X		09/25/97	X										
SP	FNMA 07/01/2012		X		09/25/97	X										
SP	Salomon Bros Mtg Secs 12/25/2030		X		09/25/97	X										
SP	CWMBS 04/25/2027		X		09/25/97	X										
SP	US Treasury Note 05/15/2000		X		09/30/97						X					
SP	US Treasury Note 08/15/2001	X			10/02/97				X							
SP	US Treasury Note 08/15/2004	X			10/02/97			X								
SP	US Treasury Bond 11/15/2012	X			10/08/97							X				
SP	US Treasury Note 08/15/2001		X		10/08/97				X							
SP	FHLMC 04/01/2027		X		10/15/97	X										

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT L
SIDNEY HARMAN CHARITABLE REMAINDER TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	GNMA 11/15/2023		X		10/15/97	X									
SP	GNMA 08/15/2026		X		10/15/97	X									
SP	GNMA 07/15/2027		X		10/15/97	X									
SP	GNMA 11/15/2017		X		10/15/97	X									
SP	GNMA 10/15/2009		X		10/15/97	X									
SP	FNMA 03/01/2016		X		10/27/97	X									
SP	FNMA 12/01/2024		X		10/27/97		X								
SP	FNMA 07/01/2011		X		10/27/97	X									
SP	FNMA 11/01/2026		X		10/27/97	X									
SP	FNMA 11/01/2024		X		10/27/97	X									
SP	FNMA 04/01/2009		X		10/27/97	X									
SP	FNMA 04/01/2027		X		10/27/97	X									
SP	FNMA 07/01/2027		X		10/27/97	X									
SP	FNMA 06/01/2012		X		10/27/97	X									
SP	FNMA 07/01/2012		X		10/27/97	X									
SP	Salomon Bros Mtg Secs 12/25/2030		X		10/27/97	X									
SP	CWMBS 04/25/2027		X		10/27/97	X									
SP	FNMA 08/01/2026	X			11/10/97			X							
SP	US Treasury Note 04/30/2001		X		11/12/97						X				
SP	US Treasury Note 11/15/99		X		11/12/97					X					
SP	US Treasury Note 02/15/2003	X			11/12/97						X				
SP	FNMA 08/01/2026		X		11/13/97	X									
SP	FNMA 08/01/2026		X		11/13/97	X									
SP	FNMA 08/01/2026		X		11/13/97	X									
SP	FHLMC 04/01/2027		X		11/17/97	X									
SP	GNMA 11/15/2023		X		11/17/97	X									
SP	GNMA 08/15/2026		X		11/17/97	X									
SP	GNMA 07/15/2027		X		11/17/97	X									
SP	GNMA 11/15/2017		X		11/17/97	X									
SP	GNMA 10/15/2009		X		11/17/97	X									
SP	FNMA 03/01/2016		X		11/25/97	X									
SP	FNMA 12/01/2024		X		11/25/97	X									
SP	FNMA 07/01/2011		X		11/25/97	X									
SP	FNMA 11/01/2026		X		11/25/97	X									
SP	FNMA 11/01/2024		X		11/25/97	X									
SP	FNMA 04/01/2009		X		11/25/97	X									
SP	FNMA 04/01/2027		X		11/25/97	X									
SP	FNMA 07/01/2027		X		11/25/97	X									
SP	FNMA 06/01/2012		X		11/25/97	X									
SP	FNMA 07/01/2012		X		11/25/97	X									
SP	CWMBS 04/25/2027		X		11/25/97	X									
SP	Salomon Bros Mtg Secs 12/25/2030		X		12/01/97		X								
SP	FHLMC 04/01/2027		X		12/15/97	X									
SP	GNMA 11/15/2023		X		12/15/97	X									
SP	GNMA 08/15/2026		X		12/15/97	X									
SP	GNMA 07/15/2027		X		12/15/97	X									
SP	GNMA 11/15/2017		X		12/15/97	X									
SP	GNMA 10/15/2009		X		12/15/97	X									
SP	FNMA 03/01/2016		X		12/26/97	X									
SP	FNMA 12/01/2024		X		12/26/97		X								

JANE HARMAN
FORM A, SCHEDULE IV ATTACHMENT L
SIDNEY HARMAN CHARITABLE REMAINDER TRUST - BANK OF NEW YORK CUSTODY ACCOUNTS

	Asset	Type			Date	Amount of Transaction									
		P	S	E		B	C	D	E	F	G	H	I	J	K
SP	FNMA 07/01/2011		X		12/26/97	X									
SP	FNMA 11/01/2026		X		12/26/97		X								
SP	FNMA 11/01/2024		X		12/26/97	X									
SP	FNMA 04/01/2009		X		12/26/97	X									
SP	FNMA 04/01/2027		X		12/26/97	X									
SP	FNMA 07/01/2027		X		12/26/97	X									
SP	FNMA 06/01/2012		X		12/26/97	X									
SP	FNMA 07/01/2012		X		12/26/97	X									
SP	Salomon Bros Mtg Secs 12/25/2030		X		12/26/97		X								
SP	CWMBS 04/25/2027		X		12/26/97	X									
SP	US Treasury Bond 11/15/2012	X			12/31/97							X			
SP	US Treasury Note 02/15/2003		X		12/31/97						X				

CALIFORNIA 1997/98 FORM 700 FAIR POLITICAL PRACTICES COMM.

Date Received

STATEMENT OF ECONOMIC INTERESTS

A Public Document

Please type or print in ink

NAME: JANE HARMAN

DAYTIME TELEPHONE NUMBER: (310) 216-1500

MAILING ADDRESS: 8620 S SEPULVEDA LOS ANGELES 90045

COVER PAGE

1. Office, Agency, or Court

OFFICE OF THE GOVERNOR

Division, Board, District, if applicable:

Position:

GOVERNOR

➤ If filing an expanded statement list agency/position: *(Attach a separate sheet if necessary)*

2. Office Jurisdiction *(Check one)*

- [X] State
- [ ] County of
- [ ] City of
- [ ] Multi-County
- [ ] Other

3. Type of Statement *(Check at least one box)*

- [ ] Assuming Office/Initial Date: ___/___/___
  (Check one)
  - ○ Elected Official
  - ○ Appointed Official *(Includes individuals newly hired)*
- [ ] Annual
  (Check one)
  - ○ The period covered is January 1, 1997 through December 31, 1997.
  - ○ The period covered is ___/___/___ through December 31, 1997.
- [ ] Leaving Office Date Left: ___/___/___
  (Check one)
  - ○ The period covered is January 1, 1997 through the date of leaving office.
  - ○ The period covered is ___/___/___ through the date of leaving office.
- [X] Candidate

4. Schedule Summary

➤ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 [X] Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 [X] Yes – schedule attached
Investments (Greater than 10% Ownership)

Schedule B [ ] Yes – schedule attached
Real Property

Schedule C [X] Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D [ ] Yes – schedule attached
Income – Loans

Schedule E [ ] Yes – schedule attached
Income – Gifts

Schedule F [ ] Yes – schedule attached
Income – Travel Payments

➤ [ ] No reportable interests

➤ Total number of pages (including this cover page): 17

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ *(month, day)* 19____ *(year)*

SIGNATURE _____

Schedule A-1

Investments

Stocks, Bonds and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA 1997/98 FORM 700
FAIR POLITICAL PRACTICES COMM.

Name JANE HARMAN

➤ NAME OF BUSINESS ENTITY
PATRICOF PRIVATE INVESTMENT CLUB

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTS IN EQUITY SECURITIES

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☒ Over $100,000

NATURE OF INVESTMENT
☐ Stock
☒ Other LIMITED PARTNERSHIP INTEREST

IF APPLICABLE, LIST DATE.
__/__/ 97 ACQUIRED __/__/ 97 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

NATURE OF INVESTMENT
☐ Stock
☐ Other

IF APPLICABLE, LIST DATE.
__/__/ 97 ACQUIRED __/__/ 97 DISPOSED

➤ NAME OF BUSINESS ENTITY
RHONE PARTNERS LP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTS IN VARIOUS COMPANIES

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☒ Over $100,000

NATURE OF INVESTMENT
☐ Stock
☒ Other LIMITED PARTNERSHIP INTEREST

IF APPLICABLE, LIST DATE.
__/__/ 97 ACQUIRED __/__/ 97 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

NATURE OF INVESTMENT
☐ Stock
☐ Other

IF APPLICABLE, LIST DATE:
__/__/ 97 ACQUIRED __/__/ 97 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

NATURE OF INVESTMENT
☐ Stock
☐ Other

IF APPLICABLE, LIST DATE:
__/__/ 97 ACQUIRED __/__/ 97 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

NATURE OF INVESTMENT
☐ Stock
☐ Other

IF APPLICABLE, LIST DATE.
__/__/ 97 ACQUIRED __/__/ 97 DISPOSED

Comments:

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

(Interest in 10% or Greater)

CALIFORNIA FORM 700 STATEMENT OF ECONOMIC INTERESTS

Name JANE HARMAN

1. NAME OF BUSINESS ENTITY

LAKES DESCENDANTS TRUST FBO JANE HARMAN
Name

10390 SANTA MONICA BLVD #360
Address LOS ANGELES CA 90025

Check one: X Trust or other ☐ Business Entity (complete the boxes below)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO-RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $249 ☐ $250 - $1,000 ☐ $1,001 - $10,000 ☐ OVER $10,000

3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF $10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

XX INVESTMENT ☐ REAL PROPERTY

WOMEN'S GROWTH CAPITAL FUND
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

INVESTS IN EQUITY SECURITIES
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $1,000 - $10,000
XX $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock XX Partnership
☐ Leasehold _____ Yrs. remaining
☐ Other _____

4. (cont.)

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining
☐ Other _____

4. (cont.)

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining
☐ Other _____

Comments: _____

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

Ownership Interest is 10% or Greater

CALIFORNIA 1997/98 FORM 700 Fair Political Practices Commission

Name JANE HARMAN

1. BUSINESS ENTITY OR TRUST

JANE HARMAN 15 YEAR GRANTOR RETAINED INCOME TRUST

10390 SANTA MONICA BLVD #360

LOS ANGELES CA 90025

Check one XX Trust or S.C. ☐ Business Entity (complete the box, then go to 2)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO-RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $249 ☐ $250 - $1,000 ☐ $1,001 - $10,000 ☐ OVER $10,000

3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF $1,000 OR MORE (attach a separate sheet if necessary)

_____

_____

_____

_____

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

XX INVESTMENT ☐ REAL PROPERTY

HARMAN INTERNATIONAL INDUSTRIES INC

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

TECHNOLOGY

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
XX Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust XX Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining

☐ Other _____

4. (cont.)

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining

☐ Other _____

4. (cont.)

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining

☐ Other _____

Comments: _____

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

(Attach additional sheets as needed.)

CALIFORNIA 1997/98 FORM 700 STATEMENT OF ECONOMIC INTERESTS

Name: JANE HARMAN

1. Name of Business Entity

JANE HARMAN 25 YEAR GRANTOR RETAINED INCOME TRUST

10390 SANTA MONICA BLVD #360 LOS ANGELES CA 90025

Check one: [X] Business Entity [ ] Business Entity Income Trust

Description of Business Activity

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE
__/__/97 ACQUIRED
__/__/97 DISPOSED

NATURE OF INVESTMENT
[ ] Sole Proprietorship [ ] Partnership [ ] Other

BUSINESS POSITION

2. INDICATE THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME OF THE BUSINESS/TRUST)

[ ] $0 - $249 [ ] $250 - $1,000 [ ] $1,001 - $10,000 [ ] OVER $10,000

3. LIST EACH REPORTABLE SOURCE OF INCOME EXCEEDING $500 OR MORE (attach separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box.

[X] INVESTMENT [ ] REAL PROPERTY

SEE ATTACHED SCHEDULE JH 25YR GRIT

Name of Business Entity or
Street Address or Assessors Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE
__/__/97 ACQUIRED
__/__/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold _____ Yrs. remaining
[ ] Other

4. (cont.)

Check one box.

[ ] INVESTMENT [ ] REAL PROPERTY

Name of Business Entity or
Street Address or Assessors Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE
__/__/97 ACQUIRED
__/__/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold _____ Yrs. remaining
[ ] Other

Comments:

JHCA700.XLS

SCHEDULE A-2 ATTACHMENT					CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS					JANE HARMAN
JANE HARMAN 25 YEAR GRANTOR RETAINED INCOME TRUST					
		FAIR MARKET VALUE			
		1,000-	10,001-	OVER	NATURE OF
BUSINESS ENTITY	BUSINESS ACTIVITY	10,000	100,000	100,000	INVESTMENT
COCA COLA CO	CONSUMER NON-DURABLES		X		STOCK
WALT DISNEY CO	CONSUMER NON-DURABLES		X		STOCK
GILLETTE CO	CONSUMER NON-DURABLES		X		STOCK
GUIDANT CORP	CONSUMER NON-DURABLES		X		STOCK
ELI LILLY & CO	CONSUMER NON-DURABLES		X		STOCK
WALGREEN CO	CONSUMER NON-DURABLES		X		STOCK
WARNER LAMBERT CO	CONSUMER NON-DURABLES		X		STOCK
GENERAL ELECTRIC	CONSUMER DURABLES		X		STOCK
CISCO SYSTEMS INC	MATERIALS & SERVICES		X		STOCK
GARTNER GROUP INC	MATERIALS & SERVICES		X		STOCK
SCOTTS CO CLASS A	MATERIALS & SERVICES		X		STOCK
CAMCO INTL INC	CAPITAL GOODS & SVCS		X		STOCK
NOKIA CORP	CAPITAL GOODS & SVCS		X		STOCK
HARMAN INTL INDS INC	TECHNOLOGY			X	STOCK
INTEL CORPORATION	TECHNOLOGY		X		STOCK
MICROSOFT CORP	TECHNOLOGY		X		STOCK
PITTWAY CORP	TECHNOLOGY		X		STOCK
TYCO INTL LTD	TECHNOLOGY		X		STOCK
WORLDCOM INC	UTILITIES		X		STOCK
AMRESCO INC	FINANCIAL		X		STOCK
LIBERTY FINL COS INC	FINANCIAL		X		STOCK
NEWCOURT CREDIT GP INC	FINANCIAL		X		STOCK
CHAS SCHWAB CORP	FINANCIAL		X		STOCK
STATE STR CORP	FINANCIAL		X		STOCK
PIONEER HI BRED INTL INC	MISCELLANEOUS		X		STOCK

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA 700 1997/98 FORM
FAIR POLITICAL PRACTICES COMM.

Name
JANE HARMAN

1. BUSINESS ENTITY OR TRUST

SIDNEY HARMAN 1987 REVOCABLE TRUST
Name

10390 SANTA MONICA BLVD #360
Address

LOS ANGELES CA 90025
City, State

Check one: [X] Trust (go to 2) [ ] Business Entity (complete the rest of this page)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INVESTMENT
[ ] Sole Proprietorship [ ] Partnership [ ] _____ Other

BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

[ ] $0 - $249 [ ] $250 - $1,000 [ ] $1,001 - $10,000 [ ] OVER $10,000

3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF $10,000 OR MORE (attach a separate sheet if necessary)

_____

_____

_____

_____

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

[X] INVESTMENT [ ] REAL PROPERTY

SEE ATTACHED SCHEDULE SH 1987 REV TR
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership

[ ] Leasehold _____ Yrs. remaining

[ ] Other _____

4. (cont.)

Check one box:

[ ] INVESTMENT [ ] REAL PROPERTY

_____
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

_____
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership

[ ] Leasehold _____ Yrs. remaining

[ ] Other _____

4. (cont.)

Check one box:

[ ] INVESTMENT [ ] REAL PROPERTY

_____
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

_____
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED ___/___/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership

[ ] Leasehold _____ Yrs. remaining

[ ] Other _____

Comments: _____

JHCA700.XLS

SCHEDULE A-2 ATTACHMENT — CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS — JANE HARMAN
SIDNEY HARMAN 1987 REVOCABLE TRUST

BUSINESS ENTITY	BUSINESS ACTIVITY	FAIR MARKET VALUE 1,000-10,000	10,001-100,000	OVER 100,000	NATURE OF INVESTMENT
3-M CO	TECHNOLOGY			X	STOCK
AAR CORP COM	TECHNOLOGY		X		STOCK
ACE LTD	FINANCIAL			X	STOCK
ACXIOM CORP	MATERIALS & SERVICES		X		STOCK
ADAPTEC INC	TECHNOLOGY			X	STOCK
AFFILIATED CMNTY BANCORP	FINANCIAL		X		STOCK
AFLAC INC	FINANCIAL			X	STOCK
ALCATEL ALSTHOM	TECHNOLOGY		X		STOCK
AMER ONCOLOGY RES INC	CONSUMER NON-DURABLES		X		STOCK
AMERICAN DISP SVCS INC	CAPITAL GOODS & SERVICES		X		STOCK
AMERISOURCE HLTH CORP	CONSUMER NON-DURABLES		X		STOCK
AMR CORP	TRANSPORATION			X	STOCK
ANADIGICS INC	TECHNOLOGY		X		STOCK
APTARGROUP INC	MATERIALS & SERVICES		X		STOCK
ARBOR DRUGS INC	CONSUMER NON-DURABLES		X		STOCK
ARROW ELECTRONICS INC	TECHNOLOGY			X	STOCK
ASPEN TECHNOLOGY INC	TECHNOLOGY		X		STOCK
ASTORIA FINAL CORP	FINANCIAL		X		STOCK
ASTRA AB	CONSUMER NON-DURABLES		X		STOCK
ASYST TECHNOLOGIES INC	MATERIALS & SERVICES		X		STOCK
AVID TECHNOLOGY INC	TECHNOLOGY		X		STOCK
AVON PRODUCTS INC	CONSUMER NON-DURABLES			X	STOCK
AXA-UAP	FINANCIAL		X		STOCK
BANKBOSTON CORP COM	FINANCIAL			X	STOCK
BANQUE NATIONAL DE PARIS	FINANCIAL		X		STOCK
BAT IND	CONSUMER NON-DURABLES		X		STOCK
BAY VIEW CAP CORP	FINANCIAL		X		STOCK
BE AEROSPACE INC	TECHNOLOGY		X		STOCK
BECTON DICKINSON & CO	CONSUMER NON-DURABLES			X	STOCK
BLACK BOX CORP	CONSUMER NON-DURABLES		X		STOCK
BOEING COMPANY	TECHNOLOGY			X	STOCK
BRIGHTPOINT INC	CONSUMER NON-DURABLES		X		STOCK
BRITISH AEROSPACE	TECHNOLOGY		X		STOCK
BRITISH PETROLEUM CO	ENERGY		X		STOCK
BTR PLC ORD	TECHNOLOGY		X		STOCK
CABLE DESIGN TECH CORP	TECHNOLOGY		X		STOCK
CADBURY SCHWEPPES	CONSUMER NON-DURABLES		X		STOCK
CAMCO INTL INC	CAPITAL GOODS & SERVICES		X		STOCK
CANADIAN PAC LTD	TECHNOLOGY			X	STOCK
CARLISLE COMPANIES INC	TECHNOLOGY		X		STOCK
CARNIVAL CORP	CONSUMER NON-DURABLES			X	STOCK

SH 1987 REV TR

JHCA700.XLS

SCHEDULE A-2 ATTACHMENT — CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS — JANE HARMAN
SIDNEY HARMAN 1987 REVOCABLE TRUST

BUSINESS ENTITY	BUSINESS ACTIVITY	FAIR MARKET VALUE 1,000-10,000	10,001-100,000	OVER 100,000	NATURE OF INVESTMENT
CATERPILLAR INC	CAPITAL GOODS & SERVICES			X	STOCK
CDI CORP	MATERIALS & SERVICES		X		STOCK
CENTRAL GARDEN & PET CO	CONSUMER DURABLES		X		STOCK
CHAMPION INTERNATL CORP	MATERIALS & SERVICES			X	STOCK
CIE GENERAL DES EAUX ORD	UTILITIES		X		STOCK
CIE GENERALE DES WARR	TECHNOLOGY		X		STOCK
CITICORP COM	FINANCIAL			X	STOCK
COAST SVGS FINL INC	FINANCIAL		X		STOCK
COMMERCIAL FEDERAL	FINANCIAL		X		STOCK
COMPAGNIE DE ST GOBAIN	MATERIALS & SERVICES		X		STOCK
COMPUTER PRODUCTS INC	TECHNOLOGY		X		STOCK
COMVERSE TECH INC	TECHNOLOGY		X		STOCK
COUNTRYWIDE CR INDS	FINANCIAL			X	STOCK
CREDIT SUISSE GP	FINANCIAL		X		STOCK
CROSSMAN CMNTYS INC	MATERIALS & SERVICES		X		STOCK
CULLIGAN WTR TECH INC	CAPITAL GOODS & SERVICES		X		STOCK
DAIMLER BENZ A G	CONSUMER DURABLES		X		STOCK
DEUTSCHE BANK AG	FINANCIAL		X		STOCK
DEVRY INC	MATERIALS & SERVICES		X		STOCK
DIAGEO PLC	CONSUMER NON-DURABLES		X		STOCK
DOLE FOOD INC	CONSUMER NON-DURABLES			X	STOCK
DOWNEY FINL CORP	FINANCIAL		X		STOCK
DRESDNER BK	FINANCIAL		X		STOCK
EI DU PONT DE NEMOURS	MATERIALS & SERVICES			X	STOCK
ELECTROLUX AB SER B	TECHNOLOGY		X		STOCK
ELF AQUITAINE	ENERGY		X		STOCK
EMC CORP MASS	TECHNOLOGY			X	STOCK
EMI GROUP ORD	CONSUMER NON-DURABLES		X		STOCK
ENCAD INC	CAPITAL GOODS & SERVICES		X		STOCK
ENI S P A	ENERGY		X		STOCK
EQUITY CORP INTL	MATERIALS & SERVICES		X		STOCK
ETEC SYSTEMS INC	TECHNOLOGY		X		STOCK
ETHAN ALLEN INTERIORS INC	CONSUMER DURABLES		X		STOCK
EXPEDITORS INTL WASH INC	TRANSPORTATION		X		STOCK
FED HOME LOAN MTG CORP	FINANCIAL			X	STOCK
FERRO CORPORATION	MATERIALS & SERVICES		X		STOCK
FIAT S P A	CONSUMER DURABLES		X		STOCK
FOAMEX INTERNATIONAL	MATERIALS & SERVICES		X		STOCK
FREEPORT-MCMORAN C&G	MATERIALS & SERVICES		X		STOCK
FRONTIER INS GP INC	FINANCIAL		X		STOCK
FURNITURE BRANDS INTL	CONSUMER DURABLES		X		STOCK

SH 1987 REV TR

SCHEDULE A-2 ATTACHMENT — CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS — JANE HARMAN
SIDNEY HARMAN 1987 REVOCABLE TRUST

BUSINESS ENTITY	BUSINESS ACTIVITY	FAIR MARKET VALUE 1,000-10,000	10,001-100,000	OVER 100,000	NATURE OF INVESTMENT
G & K SVCS INC	MATERIALS & SERVICES		X		STOCK
GENERAL ELECTRIC	CONSUMER DURABLES			X	STOCK
GENERAL ELECTRIC PLC	TECHNOLOGY		X		STOCK
GENERAL RE CORP	FINANCIAL		X		STOCK
GENESIS HLTH VENT INC	CONSUMER NON-DURABLES		X		STOCK
GENTEX CORP	CONSUMER DURABLES		X		STOCK
GRANADA GROUP LTD	CONSUMER NON-DURABLES		X		STOCK
HADCO CORP	TECHNOLOGY		X		STOCK
HALTER MARINE GROUP INC	TRANSPORTATION		X		STOCK
HARMAN INTL INDS INC	TECHNOLOGY			X	STOCK
HARMAN INTL INDS INC	TECHNOLOGY			X	OPTIONS
HAVAS	MATERIALS & SERVICES		X		STOCK
HEARTLAND EXPRESS INC	TRANSPORTATION		X		STOCK
HEINEKEN N V	CONSUMER NON-DURABLES		X		STOCK
HERCULES INC	MATERIALS & SERVICES			X	STOCK
HEXCEL CORP	MATERIALS & SERVICES		X		STOCK
HOECHST A G	CONSUMER NON-DURABLES		X		STOCK
HOLDERBANK FN	MATERIALS & SERVICES		X		STOCK
HONDA MOTOR ADR	CONSUMER DURABLES		X		STOCK
HORACE MANN EDUCATORS	FINANCIAL		X		STOCK
HSBC HOLDINGS PLC	FINANCIAL		X		STOCK
HVIDE MARINE INC	TRANSPORTATION		X		STOCK
HYPERION SOFTWARE CORP	TECHNOLOGY		X		STOCK
IMPERIAL CHEMICAL IND	MATERIALS & SERVICES		X		STOCK
INTEGRATED HLTH SVCS	CONSUMER NON-DURABLES		X		STOCK
INTEL CORPORATION	TECHNOLOGY		X89K		STOCK
INTERFACE INC	CAPITAL GOODS & SERVICES		X		STOCK
INTERIM SVCS INC	MATERIALS & SERVICES		X		STOCK
JACOBS ENGR GP INC	MATERIALS & SERVICES		X		STOCK
JP FOODSERVICE INC	MATERIALS & SERVICES		X		STOCK
KUHLMAN CORP	TECHNOLOGY		X		STOCK
LECROY CORP	TECHNOLOGY		X		STOCK
LENNAR CORP	MATERIALS & SERVICES		X		STOCK
LINDSAY MFG CO	TECHNOLOGY		X		STOCK
LITTELFUSE INC	TECHNOLOGY		X		STOCK
LOCKHEED MARTIN CORP	TECHNOLOGY			X	STOCK
LUCAS VARITY PLC	MATERIALS & SERVICES			X	STOCK
MANNESMANN AG	TECHNOLOGY		X		STOCK
MARINE DRILLING COS INC	ENERGY		X		STOCK
MARQUETTE MED SYS INC	CONSUMER NON-DURABLES		X		STOCK
MATSUHSHITA ELEC IND CO	CONSUMER DURABLES		X		STOCK

JHCA700.XLS

SCHEDULE A-2 ATTACHMENT — CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS — JANE HARMAN
SIDNEY HARMAN 1987 REVOCABLE TRUST

BUSINESS ENTITY	BUSINESS ACTIVITY	FAIR MARKET VALUE 1,000-10,000	10,001-100,000	OVER 100,000	NATURE OF INVESTMENT
MATTEL INC	CONSUMER NON-DURABLES			X	STOCK
MAUY DEPT STORES CO	CONSUMER NON-DURABLES			X	STOCK
MC DONALDS CORP	CONSUMER NON-DURABLES			X	STOCK
MEDICIS PHARM CORP	CONSUMER NON-DURABLES		X		STOCK
MENTOR CORP	CONSUMER NON-DURABLES		X		STOCK
MERITA LTD	FINANCIAL		X		STOCK
METALLGESELLSCHAFT AG	TECHNOLOGY		X		STOCK
METRO AG	TECHNOLOGY		X		STOCK
MICORS SYS INC	TECHNOLOGY		X		STOCK
MICREL INC	TECHNOLOGY		X		STOCK
MIRROR GROUP	CONSUMER NON-DURABLES		X		STOCK
MITSUBISHI HEAVY INDS LTD	CAPITAL GOODS & SERVICES		X		STOCK
MONSANTO CO	MATERIALS & SERVICES			X	STOCK
MTS SYSTEMS CORP	TECHNOLOGY		X		STOCK
N FORK BANCORP INC	FINANCIAL		X		STOCK
NAT'L SURGERY CTRS INC	MATERIALS & SERVICES		X		STOCK
NATIONAL PWR PLC	UTILITIES		X		STOCK
NATL WESTMINSTER BK	FINANCIAL		X		STOCK
NESTLE S A	CONSUMER NON-DURABLES		X		STOCK
NEW ENGLAND BUS SVCS	MATERIALS & SERVICES		X		STOCK
NEWPARK RES INC	MATERIALS & SERVICES		X		STOCK
NICHOLS RESH CORP	TECHNOLOGY		X		STOCK
NIPPON TELEG & TEL CORP	UTILITIES		X		STOCK
NOVARTIS SA	TECHNOLOGY		X		STOCK
OM GROUP INC	MATERIALS & SERVICES		X		STOCK
OMRON CORP	MISCELLANEOUS		X		STOCK
ORIX CORPORATION	FINANCIAL		X		STOCK
PAREXEL INTL CORP	MATERIALS & SERVICES		X		STOCK
PATTERSON DENTAL CO	CONSUMER NON-DURABLES		X		STOCK
PATTERSON ENERGY INC	ENERGY		X		STOCK
PEDIATRIX MED GP	CONSUMER NON-DURABLES		X		STOCK
PEOPLES HERITAGE FINL GP	FINANCIAL		X		STOCK
PERFORMANCE FOOD GP	CONSUMER NON-DURABLES		X		STOCK
PETCO ANIMAL SUPPLIES	CONSUMER NON-DURABLES		X		STOCK
PHILIPS ELECTRONICS NV	TECHNOLOGY		X		STOCK
PIER 1 IMPORTS INC	CONSUMER DURABLES		X		STOCK
PREPAID LEGAL SVCS INC	MATERIALS & SERVICES		X		STOCK
PRI AUTOMATION INC	TECHNOLOGY		X		STOCK
PRIDE INTL INC	ENERGY		X		STOCK
PRIME HOSPITALITY CORP	CONSUMER NON-DURABLES		X		STOCK
PRIME MED SVCS INC	CONSUMER NON-DURABLES		X		STOCK

SH 1987 REV TR

JHCA700.XLS

SCHEDULE A-2 ATTACHMENT — CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS — JANE HARMAN
SIDNEY HARMAN 1987 REVOCABLE TRUST

BUSINESS ENTITY	BUSINESS ACTIVITY	FAIR MARKET VALUE 1,000-10,000	10,001-100,000	OVER 100,000	NATURE OF INVESTMENT
PROGRESSIVE CORP OHIO	FINANCIAL			X	STOCK
QUAKER FABRIC CORP	MATERIALS & SERVICES		X		STOCK
QUALITY FOOD CTRS INC	CONSUMER NON-DURABLES		X		STOCK
RANK GROUP PLC	TECHNOLOGY		X		STOCK
REED INTL	CONSUMER NON-DURABLES			X	STOCK
RENAL TREATMENT CTRS INC	CONSUMER NON-DURABLES		X		STOCK
RESPIRONICS INC	CONSUMER NON-DURABLES		X		STOCK
RHONE POULENC S A	MATERIALS & SERVICES		X		STOCK
RICHFOOD HLDGS INC	CONSUMER NON-DURABLES		X		STOCK
RICOH CORP LTD	CAPITAL GOODS & SERVICES		X		STOCK
ROADWAY EXPRESS INC	TRANSPORTATION		X		STOCK
ROBBINS & MYERS INC	CAPITAL GOODS & SERVICES		X		STOCK
ROLLINS TRUCK LSNG CORP	TRANSPORTATION		X		STOCK
ROYAL DUTCH PETROLEUM	ENERGY		X		STOCK
SAFESKIN CORP	MISCELLANEOUS		X		STOCK
SAMSONITE CORP	CAPITAL GOODS & SERVICES		X		STOCK
SANMINA CORP	TECHNOLOGY		X		STOCK
SEACOR SMIT INC	ENERGY		X		STOCK
SEKISUI CHEMICAL	MATERIALS & SERVICES		X		STOCK
SEQUENT COMPUTER SYS	TECHNOLOGY		X		STOCK
SGS SOCIETE GEN SRVLNCE	FINANCIAL		X		STOCK
SHAW INDUSTRIES	CONSUMER DURABLES		X		STOCK
SMH AG NEUENBURG	MATERIALS & SERVICES		X		STOCK
SOFAMOR/DANEK GP INC	CONSUMER NON-DURABLES		X		STOCK
SONY CORP ADR AMERN	CONSUMER DURABLES			X	STOCK
SPRINT CORP	UTILITIES			X	STOCK
ST JOHN KNITS INC	MATERIALS & SERVICES		X		STOCK
STRATUS COMPUTER INC	TECHNOLOGY		X		STOCK
STRIDE RITE CORP	CONSUMER NON-DURABLES		X		STOCK
SUIZA FOODS CORP	CONSUMER NON-DURABLES			X	STOCK
SUMITOMO TR & BANKING	FINANCIAL		X		STOCK
SUPERIOUR SVCS INC	MATERIALS & SERVICES		X		STOCK
SVENSKA HANDELSBANKEN	FINANCIAL		X		STOCK
SWIFT TRANSN INC	TRANSPORTATION		X		STOCK
SWIRE PACIFIC LTD	FINANCIAL		X		STOCK
SYLVAN LEARNING SYS INC	MATERIALS & SERVICES		X		STOCK
SYSCO CORP	CONSUMER NON-DURABLES			X	STOCK
TELECOM ITALIA DI RISP	MATERIALS & SERVICES		X		STOCK
TELEFONICA DE ESPANA SA	UTILITIES		X		STOCK
TENET HEALTHCARE CORP	CONSUMER NON-DURABLES			X	STOCK
TENNECO INC	TECHNOLOGY		X89K		STOCK

JHCA700 XLS

SCHEDULE A-2 ATTACHMENT					CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS					JANE HARMAN
SIDNEY HARMAN 1987 REVOCABLE TRUST					
		FAIR MARKET VALUE			
		1,000-	10,001-	OVER	NATURE OF
BUSINESS ENTITY	BUSINESS ACTIVITY	10,000	100,000	100,000	INVESTMENT
TETRA TECH INC	CAPITAL GOODS & SERVICES		X		STOCK
THYSSEN AG	MATERIALS & SERVICES		X		STOCK
TIME WARNER INC	CONSUMER NON-DURABLES			X	STOCK
TOWER AUTOMOTIVE INC	CONSUMER DURABLES		X		STOCK
TRANSACTION SYS ARCH INC	TECHNOLOGY		X		STOCK
TRANSAMERICA CORP	TECHNOLOGY			X	STOCK
TRANSITION SYSTEMS INC	TECHNOLOGY		X		STOCK
TRAVELERS GROUP INC	FINANCIAL			X	STOCK
TRITON ENERGY LTD	UTILITIES		X		STOCK
UNIDANMARK A/S	FINANCIAL		X		STOCK
UNILEVER NV	TECHNOLOGY		X		STOCK
UNITED AUTO GROUP INC	CAPITAL GOODS & SERVICES		X		STOCK
UPM KYMMENE OY	MATERIALS & SERVICES		X		STOCK
USFREIGHTWAYS CORP	TRANSPORTATION		X		STOCK
VARCO INTERNATIONAL INC	ENERGY		X		STOCK
VERITAS DGC INC	TECHNOLOGY		X		STOCK
VESTA INS GROUP INC	FINANCIAL		X		STOCK
VIAG AG	MATERIALS & SERVICES		X		STOCK
VITESSE SEMICONDUCTOR	TECHNOLOGY		X		STOCK
WELLS FARGO & CO	FINANCIAL			X	STOCK
WESTAMERICA BANCORP	FINANCIAL		X		STOCK
WESTPAC BKG CORP	FINANCIAL		X		STOCK
ZALE CORP	CONSUMER NON-DURABLES		X		STOCK
ZEBRA TECHNOLOGIES CORP	TECHNOLOGY		X		STOCK
ZURICH INS CO	FINANCIAL		X		STOCK

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA 1997/98 FORM 700
FAIR POLITICAL PRACTICES COMM.

Name: JANE HARMAN

2. BUSINESS ENTITY OR TRUST

SIDNEY HARMAN CHARITABLE REMAINDER TRUST
Name

10390 SANTA MONICA BLVD #360
Address

LOS ANGELES CA 90025

Check one: [X] Trust (go to 3) [ ] Business Entity (complete the box below, then go to 3)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE
___/___/97 ACQUIRED
___/___/97 DISPOSED

NATURE OF INVESTMENT
[ ] Sole Proprietorship [ ] Partnership [ ] _____ Other

BUSINESS POSITION _____

3. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

[ ] $0 - $249 [ ] $250 - $1,000 [ ] $1,001 - $10,000 [ ] OVER $10,000

4. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF $10,000 OR MORE (Attach a separate sheet if necessary)

_____

_____

_____

_____

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

[X] INVESTMENT [ ] REAL PROPERTY

SEE ATTACHED SCHEDULE SH CRT
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

_____
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE
___/___/97 ACQUIRED
___/___/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership

[ ] Leasehold _____ Yrs. remaining

[ ] Other _____

4. (cont.)

Check one box:

[ ] INVESTMENT [ ] REAL PROPERTY

_____
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

_____
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED
___/___/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership

[ ] Leasehold _____ Yrs. remaining

[ ] Other _____

4. (cont.)

Check one box:

[ ] INVESTMENT [ ] REAL PROPERTY

_____
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

_____
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
[ ] $1,000 - $10,000
[ ] $10,001 - $100,000
[ ] Over $100,000

IF APPLICABLE, LIST DATE:
___/___/97 ACQUIRED
___/___/97 DISPOSED

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership

[ ] Leasehold _____ Yrs. remaining

[ ] Other _____

Comments: _____

JHCA700.XLS

SCHEDULE A-2 ATTACHMENT					CA 1997/98 FORM 700
INVESTMENTS INCOME AND ASSETS					JANE HARMAN
SIDNEY HARMAN CHARITABLE REMAINDER TRUST					
		FAIR MARKET VALUE			
		1,000-	10,001-	OVER	NATURE OF
BUSINESS ENTITY	BUSINESS ACTIVITY	10,000	100,000	100,000	INVESTMENT
ASSOCIATES CORP	FINANCIAL			X	NOTE
BK NED GEMEENTEN	FINANCIAL			X	NOTE
CASE EQUIPMENT	CAPTIAL GOODS & SERVICES			X	NOTE
CWMBS INC	FINANCIAL			X	NOTE
FIRST CHICAGO NBD CORP	FINANCIAL			X	NOTE
HARMAN INTL INDS INC	TECHNOLOGY			X	STOCK
FORD MOTORS CR CO	FINANCIAL			X	NOTE
GMAC	FINANCIAL			X	NOTE
NATIONSBANK CORP	FINANCIAL			X	NOTE
SALOMON BROS MTG SECS	FINANCIAL			X	NOTE
TORONTO DOMINION BANK	FINANCIAL			X	NOTE

Schedule C

Income & Business Positions

(Income Other Than Loans, Gifts and Travel Payments)

CALIFORNIA 1997/98 FORM 700
FAIR POLITICAL PRACTICES COMM.

Name
JANE HARMAN

➤ NAME OF SOURCE
HARMAN INTERNATIONAL INDUSTRIES INC
ADDRESS
8500 BALBOA BLVD NORTHRIDGE CA 91329
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TECHNOLOGY
BUSINESS POSITION, IF APPLICABLE (Code Filers Only)

GROSS INCOME RECEIVED
☐ $250 - $1,000 ☐ $1,001 - $10,000 ☒ Over $10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☒ Spouse's income ☐ Loan repayment
☐ Sale of _____ (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ Other _____

➤ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS POSITION, IF APPLICABLE (Code Filers Only)

GROSS INCOME RECEIVED
☐ $250 - $1,000 ☐ $1,001 - $10,000 ☐ Over $10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____ (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ Other _____

➤ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS POSITION, IF APPLICABLE (Code Filers Only)

GROSS INCOME RECEIVED
☐ $250 - $1,000 ☐ $1,001 - $10,000 ☐ Over $10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____ (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ Other _____

➤ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS POSITION, IF APPLICABLE (Code Filers Only)

GROSS INCOME RECEIVED
☐ $250 - $1,000 ☐ $1,001 - $10,000 ☐ Over $10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____ (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of $10,000 or more
☐ Other _____

Comments: _____

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 3:37

(7)

J. DENNIS HASTERT
(Full Name)

7630 Route 34, P.O. Box 386
(Mailing Address)

Yorkville, Illinois 60560

202-225-2976
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State IL District 14	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL J. Dennis Hastert

DATE (Month/Day/Year) 5-15-98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Yorkville, IL School District # 115	Spouse Salary	NA
	State of IL Pension Fund (former State Legislator)	legislative Pension	27,000

For payments to charity in lieu of honoraria, use Schedule II.

Name J. DENNIS HASTERT | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	E: $50,001 – $100,000	F: $100,001 – $250,000	G: $250,001 – $500,000	H: $500,001 – $1,000,000	I: $1,000,001 – $5,000,000	J: $5,000,001 – $25,000,000	K: $25,000,001 – $50,000,000	L: Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	Block D: None	I: $201 – $1,000	II: $1,001 – $2,500	III: $2,501 – $5,000	IV: $5,001 – $15,000	V: $15,001 – $50,000	VI: $50,001 – $100,000	VII: $100,001 – $1,000,000	VIII: $1,000,001 – $5,000,000	IX: Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples	SP	Mega Corp Stock				X								X									X								P
			Simon & Schuster		Indefinite																Royalties								X			
			1st Bank of Paducah, KY accounts					X									X									X						
JT	Yorkville National Bank																															
	Personal Account			X													X					X										
	Farm Account				X												X					X										
JT	Farm, RR1 Shipman IL (270 Acres)							X							Farm Income							X (net)				X (gross)						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name J. DENNIS HASTERT

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Opera House Property 500 Lockport St., Plainfield, Ill. 60543 (½ Interest)						X								X										X							
	Congressional Federal Credit Union			X												X						X										
JT	Town House, Capitol Park II Washington, D.C.						X								X									X								
	Northwestern Mutual Life (IRA)			X										X		X	X						X									
SP	Northwestern Mutual Life (IRA)			X										X		X	X						X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	First Midwest Bank (Joliet)	50% Interest by Opera House Properties		X								
JT	Federal Land Bank	Mortgage on 110 Acres of Farmland Shipman, Ill.			X							
JT	Yorkville National Bank	Cosigned loan for home repair relative	X									
JT	Yorkville National Bank	Cosign restaurant loan with relative				X						
JT	BB&T	Mortgage on Washington, D.C. Townhouse			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name J. DENNIS HASTERT | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Edison Electric Institute	1/9 - 1/12	Wash. DC - Phoenix - Chicago	Y	Y	N	N
	Congressional Institute	1/21 - 1/23	Wash. DC - Warrenton, VA — Wash, DC	Y	Y	N	N
	AIDS Information Switzerland	4/10 - 4/14	Wash DC - Zurich - Wash. DC	Y	Y	N	N
	General Communications, INC	6/27 7/3	Chicago - Achorage - Chicago	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
50% Partner	Opera House Property Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

1623

98 MAY 14 PM 1:20

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

4

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

The Honorable Alcee L. Hastings
(Full Name)

1039 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-1313

Filer Status	[X] Member of the U.S. House of Representatives	State FL District 23	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL Alcee L. Hastings

DATE (Month/Day/Year) May 14, 1998

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Nations Bank (Ft. Lauderdale)	None	Interest	None	NA
1055 NW 183rd Street, Miami, FL	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
Wright Patman Credit Union	$1,001 - $15,000	Interest	None	NA
8528 Longacre Dr. Miramar, FL 33025	$250,001 - $500,000	Mortgage	None	NA
5602 NW 206th Terr, Miami, FL (1/2) 33055	$50,001 - $100,000	Mortgage	None	NA

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Robert Catz	Legal Fees	$500,001 - $1,000,000
	Terrence Anderson	Legal Fees	$1,000,001 - $5,000,000
	Patricia Williams	Legal Fees	$500,001 - $1,000,000
	Karr & McClan	Legal Fees	$100,001 - $250,000
	Mark McDonald	Legal Fees	$15,001 - $50,000
	Lewis Meyers	Legal Fees	$15,001 - $50,000
	Mitshibishi Credit	Automobile Loan	$10,001 - $15,000

Name The Honorable Alcee L Hastings	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Lake City, FL - NAACP Columbia County	April 26, 1997	Ft Lauderdale-Lake City-Ft Lauderdale	Y	Y	N	No
Westfield , NJ - The Connell Group	May 19, 1997	Washington-New Jersey-Washington	Y	Y	N	No
Orlando, FL - National Association of Blacks in Criminal Justice	October 11, 1997	Ft Lauderdale-Orlando-Ft Lauderdale	Y	Y	N	No

98 MAY 15 PM 5:50

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

DOC HASTINGS
(Full Name)

4710 DESERT PLATEAU DRIVE
(Mailing Address)

PASCO WA 99301

Daytime Telephone
202-225-5816

HAND DELIVERED (2)
MH (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State WASH District 04	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 5/11/98

Name DOC HASTINGS | Page 2 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples	SP																																
			Mega Corp Stock				X								X										X									P
			Simon & Schuster		Indefinite																Royalties									X				
			1st Bank of Paducah, KY accounts					X									X									X								
JT	COLUMBIA BASIN PAPER + SUPPLY																																	
	TRUST - BENEFITS NOCEA							X																										
JT	YAKIMA FEDERAL - DEPOSIT				X																													
JT	1st VIRGINIA BANK - DEPOSIT				X																													
JT	CHAS SCHWAB - IRA				X																													

For additional assets and unearned income, use next page.

HAND DELIVERED

98 MAY 15 PM 5:50

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

98 MAY 18 PM 5:46

11 PM 5:06

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Doc Hastings
(Full Name)

4710 Desert Plate Building
(Mailing Address)

Pasco WA 99301

Daytime Telephone
202-225-5816

(2)

HAND DELIVERED

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State District WASH 04	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — 6/9/98 — DATE (Month/Day/Year) 5/11/98

Name DOC HASTINGS | Page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Transaction
	Examples: SP — Mega Corp. Stock; Simon & Schuster; 1st Bank of Paducah, KY accounts	A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other: Type of income (Specify. For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
		Indefinite			
SP	Mega Corp. Stock	X			P
	Simon & Schuster		X	Royalties	
JT	1st Bank of Paducah, KY accounts	X			
JT	COLUMBIA BASIC PAPER + SUPPLY TRUST - BENEFITS NORTH	X		X	X
JT	YAKIMA FORMER - DEPOSIT	X	X		X
JT	1ST VIRGINIA BANK - DEPOSIT	X	X		X
JT	CHAS SCHWAB - IRA	X	X		X

For additional assets and unearned income, use next page.

JUN 2 1998 3:42PM

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A

For use by Members, officers, and employees

98 MAY 15 PM 1:26

MC

(3)

(Office Use Only)

John David Hayworth

(Full Name)

1023 Longworth H.O.B.

(Mailing Address)

Washington, D.C. 20515

Daytime Telephone 202/225-2190

Filer Status	[X] Member of the U.S. House of Representatives	State AZ District 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John David "Jo" Hayworth Jr.

DATE (Month/Day/Year): 5/14/98

Name J.D. Hayworth	Page 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Export International/Wok Wok Mongolian Grill Restaurants	Spouse Salary	$2,700

For payments to charity in lieu of honoraria, use Schedule II.

Name J.D. Hayworth | Page 3 of 3

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash. D C —Chicago—Wash. D C	N	N	N	N
	Roycroft Corporation	Aug. 6-13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	N.C. State University	June 9-10	Washington/Charlotte/Phoenix	Y	Y	N	N
	Continental Maritime	August 6	N/A	Y	N	Y	½ day
	Port of San Diego Ship Repair Association	August 7	N/A	Y	N	Y	½ day
	KPMG	Sept 28-29	Washington, D.C./Hot Springs, VA/Wash, DC	Y	Y	Y	N

This page may be copied if more space is required.

J. D. HAYWORTH
6TH DISTRICT, ARIZONA

WASHINGTON OFFICE
1022 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-2190

ARIZONA OFFICES
17013 S. DOBSON ROAD
SUITE 203
MESA, AZ 85204
(602) 926-4151
(800) 474-0467

1900 SOUTH MURPHY
SUITE 201
FLAGSTAFF, AZ 86001
(520) 556-8750

RECEIVED — CENTER
98 JUN 10 PM 1:23

HAND DELIVERED

COMMITTEES
WAYS AND MEANS
SUBCOMMITTEES
HUMAN RESOURCES
SOCIAL SECURITY

VETERANS' AFFAIRS
SUBCOMMITTEES
BENEFITS
VICE CHAIR

ASSISTANT MAJORITY WHIP

Congress of the United States
House of Representatives
Washington, DC 20515–0306

June 9, 1998

Ms. Robin Carle
Clerk of the House
Room B-106
Washington, D.C. 20515

Dear Ms. Carle

In preparing my financial disclosure form for calendar year 1997, I inadvertently omitted the location of events for travel-related expenses on the August 6 and 7 entries of Schedule VII. This was due to a misinterpretation of the information required under "Point of Departure-Destination-Point of Return" column. The location for both entries was San Diego, California.

Please treat this letter as an amendment to my 1997 financial disclosure form.

Best regards,

J.D. Hayworth
Member of Congress

JDH:ue

PRINTED ON RECYCLED PAPER

RECEIVED

98 MAY 12 PM 2:59

HAND DELIVERED (5)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

JOEL M. HEFLEY
(Full Name)

RM. 2230 RHOB
WASH. D.C. 20515
(Mailing Address)

(202) 225-4422
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State CO. District 5TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [✓]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [✓]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joel Hefley

DATE (Month/Day/Year): 5/12/98

Name JOEL M. HEFLEY	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SPOUSE: LYNN HEFLEY		
	TRIPLE DIAMOND LIMITED (personally owned small bus.)	Bus. income	
	Property Management	% of Rents	
	STIENMARK	SPOUSE'S SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOEL M. HEFLEY

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D										Block E
			A None	B $1 - $1,000	C $1,001 - $15,000	$15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock				X								X										X							P
			Simon & Schuster		Indefinite																Royalties									X		
			1st Bank of Paducah, KY accounts					X									X									X						
JT	PARKMORE MANOR APTS D. HAWLOCK ST. CO. SP. (1/6)						X									Y									X							
JT	FRIENDSHIP PL. NOTE (1/3)					X										X									X							
	PIPER JAFFRAY & HOPWOOD MONEY MKT. 25 N. CASCADE AV. CO. SP., CO.					X											X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joel M. Hafley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST & Dnce.	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	NOTE ON OK. FARM N. MacArthur, Edmond, OK.				X											X									X							
	Public Emp. Retirement Asso. Denver, Co.				X																											
	Teachers Ins.-Annuity Asso.							X																								

This page may be copied if more space is required.

Name Joel M. Hefley | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Jim Burton - Co. Sp., Co.	1/6 Mortgage on Parkmont Apts Hancock St. Co. Sp., Co.		X								
JT.	Lomas Co. - Dallas, Tx.	1/2 Mortgage on Friendship Apts Friendship Pl., Co. Sp. Co.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 19 PM 3:04

RECEIVED

98 MAY 19 PM 2:11

COMMITTEE ON STANDARDS

(7)

W. C. (BILL) HEFNER
(Full Name)

2470 Rayburn Building
(Mailing Address)

Washington, D. C. 20515

Daytime Telephone (202) 225-3715

HAND DELIVERED

MCP (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NC District Eighth	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: W. C. Bill Hefner

DATE (Month/Day/Year)

1640

Name W. G. (BILL) HEFNER | Page 2 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples:	SP	Mega Corp. Stock					X							X										X								P
DC			Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X									X							
	AT&T Corp. stock			X											X										X								S
	Autoliv, Inc. stock					X									X								X										**
	Cracker Barrel Old Country Store stock						X								X								X										
	Earth Search Sciences, Inc. stock				X										X							X											
	First Tennessee National Corp. stock						X								X									X									
	General Electric Co. stock							X							X										X								

** spin-off

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. C. (BILL) HEFNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Gillette Co. stock					x								x									x									
	Lucent Technologies, Inc. stock				x									x								x										
	Morgan Int'l., Inc. stock				x									x									x									S
	Tyson Foods, Inc. stock				x									x								x										
	Capital World Growth & Income Fund					x								x												x						
	Smallcap World Fund, Inc.					x								x												x						
	Metro Washington, D.C.																															
	8% Airport Bond			x												x							x									
	Mutual Benefit Theatre																			Partnership	p											
	Partners III			x																Income					x							
	Kemper Tax Exempt Ins. Income Trust			x												x						x										
	Fidelity Cash Reserve Fund				x															SEP-IRA	x											
SP	Washington Mut. Investors Fd.			x																IRA	x											
	Congressional Fed. Cr. Union				x											x							x									
	House - 1065 N. Nelson St., Arlington, VA						x								x											x						
	Tarheel Motors of Reidsville, Inc.-Note Receivable							x								x											x					
	First Charter Nat'l. Bk. - Checking acct.			x												x						x										
SP	Central Fidelity Nat'l. Bk. - Checking acct.			x												x						x										

This page may be copied if more space is required.

Name W. C. (BILL) HEFNER | Page 4 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	AT&T Corp. common stock		X		5-6-97	X									
	Morton International Inc. common stock		X		5-8-97		X								
	Autoliv Inc. common stock (stock acquired via "spin-off")				5-8-97	X									

This page may be copied if more space is required.

Name	W. C. (BILL) HEFNER	Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	A.G.Edwards & Sons,Inc.,Alexandria, VA	Margin account		x								
	First Charter National Bank	Unsecured note	x									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name W. G. (BILL) HEFNER | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Coltec Industries	July 25	Wash.,D.C.-Monroe,NC-Wash,D.C.	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited partner	Mutual Benefit Theatre Partners, III

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 48-290 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
93 JUN -5 AM 11:00
HAND DELIVERED
(Office Use Only)

W. G. (BILL) HEFNER
(Full Name)

2470 Rayburn Building
Washington, D. C. 20515
(Mailing Address)

Daytime Telephone
(202) 225-3715

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: Eighth	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL W. G. Bill Hefner — **DATE (Month/Day/Year)** 06/05/98

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
Examples	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	AT&T Corp. stock	x												x									x									S
	Autoliv, Inc. stock			x										x								x										**
	Cracker Barrel Old Country Store stock				x									x								x										
	Earth Search Sciences, Inc. stock		x											x							x											
	First Tennessee National Corp. stock				x									x									x									
	General Electric Co. stock						x							x										x								

** spin-off

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. C. (BILL) HEFNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Gillette Co. stock					x								x									x									
	Lucent Technologies, Inc. stock				x									x								x										
	Morton Int'l., Inc. stock				x									x									x									S
	Tyson Foods, Inc. stock				x									x								x										
	Capital World Growth & Income Fund					x								x												x						
	Smallcap World Fund, Inc.					x								x												x						
	Metro Washington, D.C.																															
	8% Airport Bond			x												x							x									
	Mutual Benefit Theatre																			Partnership	p											
	Partners III			x																Income					x							
	Kemper Tax Exempt Ins. Income Trust			x												x						x										
	Fidelity Cash Reserve Fund				x															SEP-IRA	x											
SP	Washington Mut. Investors Fd.			x																IRA	x											
	Congressional Fed. Cr. Union				x											x							x									
	House - 1065 N. Nelson St., Arlington, VA						x								x											x						
	Tarheel Motors of Reidsville, Inc.-Note Receivable							x								x											x					
	First Charter Nat'l. Bk. - Checking acct.			x												x						x										
SP	Central Fidelity Nat'l. Bk. - Checking acct.			x												x						x										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name W. C. (BILL) HEFNER | Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	AT&T Corp. common stock		X		5-6-97	X									
	Morton International Inc. common stock		X		5-8-97		X								
	Autoliv Inc. common stock (stock acquired via "spin-off")				5-8-97	X									

This page may be copied if more space is required.

Name	W. G. (BILL) HEFNER	Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	A.G.Edwards & Sons,Inc.,Alexandria, VA	Margin account		x								
	First Charter National Bank	Unsecured note	x									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Coltec Industries	July 25	Wash.,D.C.-Monroe,NC-Wash,D.C.	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited partner	Mutual Benefit Theatre Partners, III

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-280 (mac)

Use additional sheets if more space is required.

RECEIVED

98 MAY 15 PM 4:35

CLERK

HAND DELIVERED

MC

(6)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Walter William Herger, Jr.
(Full Name)

2433 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/ 225-3076

Filer Status	[X] Member of the U.S. House of Representatives	State CA District: 02	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Walley Herger

DATE (Month/Day/Year) 5-14-98

1654

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Riggs Inventory	Spouse Salary	N/A
	Fairfax County	Spouse Salary	N/A
	Nordstrom's	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
National Association of Realtors	Speech	~~[illegible]~~ 4/19/97	$ 1,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
	Examples: SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	1120 4th Ave. (Rio Oso, CA)	$100,001 - $250,000	Rent	$15,001 - $50,000	
	Herger Ranch (Rio Oso, CA)	$1,000,001 - $5,000,000	N/A	$5,001 - $15,000	
	Herger Gas, Inc. (Rio Oso, CA)	$500,001 - $1,000,000	S-Corp Allocation	$50,001 - $100,000	
	Montrose Barber Inv. (Sacramento, CA)	None - $1,000	Ltd Partnership-Bankruptcy-		
			Total Loss		
	Smith Barney, Inc.	$1,001 - $15,000	Interest	$1,001 - $2,500	
	Wright Patman Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
	Nation's Bank - (Springfield, VA)	$50,001 - $100,000	Interest	$5,001 - $15,000	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $280 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Klamath Alliance for Resouces & Development	May 2-4	WDC - Redding (CA) - WDC	Y	Y	Y	No
Asia Pacific Exchange Foundation	May 23 - 29	WDC - Uzbekistan - Tashkent	Y	Y	Y	No
American Crop Protection	Sep 26 - 28	WDC - W. Virginia - WDC	Y	Y	Y	No
Aspen Institute	March 7-9	WDC - Hershey, PA - WDC	Y	Y	Y	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director (Uncompensated)	Herger Gas, Inc (Propane Gas Distribution, Rio Oso, CA)

WALLY HERGER
7th DISTRICT, CALIFORNIA
PLEASE REPLY TO:
☐ WASHINGTON OFFICE:
2433 RAYBURN HOUSE OFFICE BUILDING
(202) 225-3076
DISTRICT OFFICES:
☐ 55 INDEPENDENCE CIRCLE, SUITE 104
CHICO, CA 95973
(916) 893-8363
☐ 410 HEMSTED DRIVE, SUITE 115
REDDING, CA 96002
(916) 223-5898

RECEIVED
98 MAY 15 PM 4:35
OFFICE OF THE CLERK

HAND DELIVERED

COMMITTEE ON
WAYS AND MEANS

COMMITTEE ON
THE BUDGET

Congress of the United States
House of Representatives
Washington, DC 20515–0502

May 15, 1998

① ✓
MC

Robin H. Carle
The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515

Dear Ms. Carle:

In pre-reviewing my 1997 Financial Disclosure Statement, a question was asked that had never before been raised by Committee staff. Thanks to the diligence of the staff, I have discovered that the Shearson Lehman (IRA) I had listed on Schedule III in previous years was actually a Smith Barney, Inc. Mutual Fund. Please treat this letter as an amendment to all previously filed Financial Disclosure Statements and submit Smith Barney, Inc. for all previous entries of Shearson Lehman (IRA). Please also submit the Asset value previously listed as $15,001 - $ 50,000 to $1,001 - $ 15,000, and the Amount of Income previously listed as "N/A" to $201 - $1,000. My 1997 Financial Disclosure Statement now reflects the accurate information.

If you have any questions regarding this matter, please contact Katy-Duke Chamberlin of my office at 5-3076.

Thank you,

Wally

Wally Herger
Member of Congress

98 MAY 15 PM 3:54

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

(10)

1661

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Rick Hill, M.C.
(Full Name)

1037 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone
202-225-3211

Filer Status	[X] Member of the U S House of Representatives	State: MT District: 00	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S.C app. 4, 104 and 18 U.S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Rick Hill

DATE (Month/Day/Year): May 15, 1998

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Montana	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1994 Aug. 13, 1994	$2,000 $500
Edward Jones, Inc.(honorarium donated to Tumbleweed, agency to prevent youth violence)	Speech	Oct. 27,1997	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Contra Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Fidelity Low Price Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	First Bank Corp	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S
	Nuveen Fund - NMO	$50,001 - $100,000	Interest	$5,001 - $15,000	
	U. S. Treasury Bonds	$15,001 - $50,000	Interest	$2,501 - $5,000	
JT	Composite Cash Mgmt. Acct.	$100,001 - $250,000	Interest	$2,501 - $5,000	
	F & G Life Annuity	$50,001 - $100,000	Interest	$1,001 - $2,500	
	Allstate Corp.	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Boeing Company	$1,001 - $15,000	Dividends	$201 - $1,000	
	GTE	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	GT Global E. European Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	Sold-partial
	Sears Roebuck & Company	$1,001 - $15,000	Dividends	$1 - $200	
	US Surgical	$1,001 - $15,000	Dividends	$1 - $200	
	Baker Fentress & Company	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	Pacific American Shares	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	Pacificorp	$1,001 - $15,000	Dividends	$201 - $1,000	S
JT	First Security Bank (accounts)	$1,001 - $15,000	Interest	$1 - $200	
JT	Lot 28-Cloverview Sub-Apts.	$500,001 - $1,000,000	Rent	$2,501 - $5,000 Net $50,001 - $100,000 Gross	
	Unit 2C-Arcade Bldg-Helena	$100,001 - $250,000	Rent	$1,001 - $2,500 Net $5,001 - $15,000 Gross	
	Unit 2B-Arcade Bldg-Helena	$50,001 - $100,000	Rent	$1,001 - $2,500 Net $5,001 - $15,000 Gross	
	Unit 3D-Arcade Bldg-Helena	$15,001 - $50,000	Rent	$1,001 - $2,500 Net $2,501 - $5,000 Gross	
	Lower Level Partnership	$100,001 - $250,000	Rent	$5,001 - $15,000	
	InsureWest, Inc.	$50,001 - $100,000	Dividends	None	
JT	Red Letter Mining Claim	$50,001 - $100,000	None	None	
JT	Financial Corp. of Santa Barbara	None	None	None	
	Note Receivable-InsureWest	$15,001 - $50,000	Interest	None	
SP	Carnival Cruise Lines	$1,001 - $15,000	Dividends	$1 - $200	
	Due from R. Hill for Congress Campaign	$50,001 - $100,000	Interest	None	
	Oppenheimer QSC	$15,001 - $50,000	Dividends	$2,501 - $5,000	P
	Peco Energy	$1,001 - $15,000	Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Congressional Fed. Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
NW Bank (accounts)	$1 - $1,000	Interest	$1 - $200	
Dixie Escrow (accounts)	$15,001 - $50,000	None	None	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Allstate Corp.	Sold	1-3-97	$1,001 - $15,000
	GT Global E. European Fund	Sold	5-9-97	$1,001 - $15,000
JT	Pacificorp	Sold	5-9-97	$1,001 - $15,000
	First Bank Corp.	Sold	2-20-97	$15,001 - $50,000
	Oppenheimer QSC	Purchase	6-18-97	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Helena Financial Services (Helena, MT)	Mortgage-Suite 2C-Arcade	$15,001 - $50,000
	SBA (Denver, CO)	Mortgage-Suite2B-Arcade	$15,001 - $50,000
	Glacier Bank (Kalispell ,MT)	Mortgage-12th Tec Apts	$250,001 - $500,000
	InsureWest, Inc. (Helena ,MT)	Loan - Personal	$15,001 - $50,000

1668

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Heritage Foundation	Jan. 9-10, 1997	DC-Chantilly, VA-DC	Y	Y	N	None
Nat. Assn. of Indep. Insurers	Oct. 16-18, 1997	DC-New Orleans-DC	Y	Y	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	InsureWest, Inc.
Partner	12th Tee Apts
Partner	Lower Level Partnership
Proprietor	Hill Properties

RECEIVED
98 MAY 13 PM 1:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Congress of the United States
House of Representatives

RICK HILL
FOR ALL MONTANA

May 13, 1998

Honorable Robin Carle
Clerk of the House
H-154, The Capitol
Washington, D.C. 20515

MC

Dear Ms. Carle:

Enclosed please find my Financial Disclosure Statement for 1997. In preparation of my 1997 report I recently discovered an omission made on my Financial Disclosure Statement for 1996. In an inadvertent oversight I omitted listing the purchase of an asset under Schedules III and IV of my 1996 report. This asset is Peco Energy and should have been disclosed as follow:

1996 - Schedule III - Assets

Asset	*Value of Asset*	*Type of Income*	*Amount of Income*	*Transaction*
Peco Energy	$1,001-$15,000	Dividends	None-$200	Purchase

1996 - Schedule IV - Transactions

Asset	*Type of Transaction*	*Date*	*Amount of Transaction*
Peco Energy	Purchase	7-12-96	$1,001-$15,000

I regret this oversight and my inability to submit this amendment during the appropriate amendment period (close-of-year). However, upon immediate discovery of the above omission and in good faith I submit this letter as a justified amendment to my 1996 Financial Disclosure Statement.

Thank you.

Sincerely,

Rick Hill
Member of Congress

RH:jt
Enclosure

1037 LONGWORTH BLDG.
WASHINGTON, D.C. 20515
(202) 225-3211
(202) 225-5697 FAX

33 S. LAST CHANCE GULCH
ASPEN COURT BLDG., #2-C
HELENA, MT 59601
(406) 443-7879
(406) 449-3736 FAX

27 NORTH 27th STREET
BILLINGS, MT 59101
(406) 256-1019
(406) 256-3185 FAX

TOLL FREE LINE
1-800-9498825
E-mail: rick.hill@mail.house.gov

This mailing was prepared, published, and mailed at taxpayer expense.

98 JUN 11 AM 10: 31

HAND DELIVERED

Congress
of the
United States
House of Representatives

RICK HILL
FOR ALL MONTANA

June 8, 1998

Honorable Robin Carle
Clerk of the House
U. S. House of Representatives
Office of Records & Registration
B-106 Cannon HOB
Washington, DC 20515

1

MC

Dear Ms. Carle:

On my Financial Disclosure Statement for 1997 and all preceding years I have listed in my assets Lot 28 , Cloverview Sub. Apartments. I have also listed as a liability a mortgage on the 12th Tee Apartments. This letter is to confirm that Lot 28 Cloverview Sub. Apartments and the 12th Tee Apartments are one in the same.

I would also like to amend my 1997 statement with the following information on Schedule II regarding Edward Jones, Inc

Edward Jones Investments, Inc
12555 Manchester Road
St. Louis, MO 63131

I hope this information clarifies any questions you or your staff may have had regarding my Financial Disclosure Statement for 1997.

Sincerely,

Rick Hill
Member of Congress

RH:jt
cc: Virginia Johnson
Committee on Standards
of Official Conduct

1037 LONGWORTH BLDG
WASHINGTON, D.C. 20515
(202) 225-3211
(202) 225-5687 FAX

33 S. LAST CHANCE GULCH
ASPEN COURT BLDG #2 C
HELENA, MT 59601
(406) 443-7878
(406) 449-3736 FAX

27 NORTH 27th STREET
BILLINGS, MT 59101
(406) 256-1019
(406) 256-3185 FAX

TOLL FREE LINE
1-800-949-6825
E-mail: rick.hill@mail.house.gov

This mailing was prepared, published and mailed at taxpayer expense

RECEIVED

98 MAY 15 AM 11:52

HAND DELIVERED

(Office Use Only)

5

1673

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997	Form A For use by Members, officers, and employees
EARL FREDERICK HILLIARD (Full Name)	
1314 Longworth House Office Building (Mailing Address)	
Washington DC 20515	Daytime Telephone: (202) 225-2665

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 07	[ ] Officer or Employee	Employing Office:	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ] No [X]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Earl F. Hilliard

DATE (Month/Day/Year): 5/15/98

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
American Federation of Teachers		Speech	Oct. 25	$ 1,000

Name EARL FREDERICK HILLIARD	Page 3 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	National Bank of Commerce	Business Loan	$100,001 - $250,000
	Federal Retirement Thrift Investment Board	Business Loan	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments; or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug.6-13	Wash , D C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Winnington Limited, Lugano, Switzerland	Aug 21-25	DC-Tunisia/Libya-DC	Y	Y	N	No
Catholic Relief Services	Nov 16-21	DC-The Gambia-DC	Y	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Chairman of the Board	Hilliards and Company, Inc.
Chairman of the Board	American Trust Communication Corporation
Chairman of the Board	American Trust Corporation
Director	African American United Fund, Inc.
Director	World Center for Democracy, Inc.
Director	The Elected and Appointed Officials Educational and Legal Defense Fund, Inc.
Trustee	The Emma L. Bower Foundation for Minority Interest in Media, Inc.
Vice President	Birmingham Morehouse College Alumni Club, Inc.
Trustee	Tuskegee University
Trustee	Miles College Law School
Trustee	Selma University
Director	Birmingham Greater Golf Associates, Inc.

EARL F. HILLIARD
7TH DISTRICT, ALABAMA

COMMITTEE ON AGRICULTURE
SUBCOMMITTEE ON DEPARTMENT OPERATIONS, NUTRITION, AND FOREIGN AGRICULTURE
SUBCOMMITTEE ON LIVESTOCK, DAIRY, AND POULTRY

COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEE ON INTERNATIONAL ECONOMIC POLICY AND TRADE

Congress of the United States
House of Representatives
Washington, DC 20515–0107

1314 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–2665

DISTRICT OFFICES:

THE PENICK BUILDING
319 17TH STREET, NORTH
SUITE 204
BIRMINGHAM, AL 35203
(205) 328–2841

1118 GREENSBORO AVENUE
SUITE 204
TUSCALOOSA, AL 35401
(205) 752–3578

3800 NORMAN BRIDGE RD
MONTGOMERY, AL 36105
(334) 281–0513

109 FEDERAL BUILDING
308 ALABAMA AVENUE
SELMA, AL 36701
(334) 872–2684

May 15, 1998

The Honorable Robin H. Carle
Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515

HAND DELIVERED

98 MAY 15 AM 11:52

Dear Ms. Carle:

In accordance with advice received from the Committee on Standards of Official Conduct, please consider this letter an amendment to my Financial Disclosure Statements for calendar years 1992, 1993, 1994, 1995, and 1996. Specifically, by letter dated December 1, 1997, I disclosed interest in the Birmingham Greater Golf Associates, Inc. and Hilliards & Company, Inc. for the years 1992 through 1996 to be included as part of Schedule III - Assets and "Unearned" Income. This disclosure was incorrect; neither entity should have been listed for those years.

In addition, Schedule VIII - Positions, should be amended for calendar years 1992, 1993, 1994, 1995, and 1996, to reflect the various organizations in which I held positions, as follows:[1]

Hilliards and Company, Inc.
1990 -1992 - President and Chairman of the Board
1996 - 1998 - Chairman of the Board

American Trust Communication Corporation
1990 - 1992 - President and Chairman of the Board
1996 - 1998 - Chairman of the Board

American Trust Corporation
1990 - 1992 - Chairman and President
1996 - 1998 - Chairman of the Board

American Trust Broadcasting Corporation
1990 - 1992 - Chairman and President

American Trust Life Insurance Company
1990 - 1992 - Chairman and President

[1] I am also including a listing of those organizations in which my position is not required to be reported under the EIGA.

PRINTED ON RECYCLED PAPER

HAND DELIVERED

African American United Fund, Inc.
1996 - 1998 - Director

World Center for Democracy, Inc.
1996 - 1998 - Director

The Elected and Appointed Officials Educational and Legal Defense Fund, Inc.
1996 - 1998 - Director

The Emma L. Bower Foundation for Minority Interest in Media, Inc.
1995 - 1998 - Trustee

Birmingham Morehouse College Alumni Club, Inc.
1995 - 1998 - Vice President

Tuskegee University
1985 - 1998 - Trustee

Miles College Law School
1980 - 1998 - Trustee

Selma University
1996 - 1998 - Trustee

Birmingham Greater Golf Associates, Inc.
1987 - 1998 - Director

Sincerely,

Earl F. Hilliard

Earl F. Hilliard
Member of Congress

1680

RECEIVED

98 MAY 14 PM 4:59

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

(Full Name) MAURICE D. HINCHEY

(Mailing Address) 3101 POWDERMILL ROAD
SAUGERTIES, N.Y. 12477

Daytime Telephone 202 225.6335

MC (Office Use Only)

4

Filer Status	☒ Member of the U S House of Representatives	State New York District 26	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Maurice D. Hinchey

DATE (Month/Day/Year): 5/15/98

Name MAURICE D. WINNER | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK	STATE PENSION	32,734

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MAURICE D. VINCHEY

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent; or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP	Mega Corp Stock				X								X										X								P
DC			Simon & Schuster	Indefinite																	Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X										X						
	ALFACOLL CORP STOCK				X																												
	PRUDENTIAL IRA					X																											
	VARIABLE INVESTMENT PLAN																																

For additional assets and unearned income, use next page.

Name MAURICE D. HINCHEY | Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Chinese National Assoc. of Industry & Commerce	2/15 -2/20	Wash,DC-Taipai,Taiwan -Wash,DC	Y	Y	N	N
Congressional Study Group on Germany	3/23-3/27	Wash,DC-Frankfurt, Germany - Wash,DC	Y	Y	Y	N
Project Interchange	8/16-8/21	NY,NY-TelAviv,Israel -Athens	Y	Y	N	N
Cyprus Federation of America	8/21-8/28	Athens - N.Y.NY	Y	Y	N	N
The Wilderness Society	9/18-9/20	Wash,DC - Zion Nat'lPk Utah - Albany,NY	Y	Y	N	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
U.S. HOUSE OF REPRESENTATIVES
MAY 15 1998
(Office Use Only)

(10)

RUBEN E. HINOJOSA
(Full Name)

P.O. BOX 1075
MERCEDES, TX 78570
(Mailing Address)

(202) 225-2531
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State TEXAS District 15TH	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ruben E. Hinojosa

DATE (Month/Day/Year): May 15, 1998

Name RUBEN E. HINOJOSA | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H & H FOODS	SALARY	$3,759
	H & H FOODS	CONSULTING FEES	$15,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name RUBEN E. HINOJOSA | Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	342 S. TEXAS AVE. /MERCEDES, TX RUBEN'S RENTAL BUILDING					X									X																	
	REAL ESTATE ASSOCIATES		X																	PARTNERSHIP INCOME			X									
SP	MORALES-BEST HINOJOSA ARCHITECTS, INC.			X												X						X										
	HINOJOSA ENTERPRISES				X															PARTNERSHIP INCOME	X											
	HINOJOSA DEVELOPMENT								X											PARTNERSHIP INCOME									X			
SP	MERRILL LYNCH (IRA)			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E. HINOJOSA

Page 5 of 10

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	NATIONS BANK CHECKING (DC)			X													N/A				X											
	H & H FOODS ESOP						X							X							X											
	H & H FOODS STOCK									X				X							X											
DC	TEXAS REGIONAL BANCSHARES					X								X			X								X							
SP	AT & T CORP STOCK			X										X								X										
SP	HORMEL FOODS CORP STOCK		X											X								X										
SP	LUCENT TECHNOLOGIES STOCK		X											X								X										
SP	MCI COMMUNICATION CORP STOCK		X											X								X										
SP	MICROSOFT CORP. STOCK			X										X							X											
SP	NCR		X											X							X											
DC	TEXAS TOMORROW FUND			X												X					X											
	MFS TOTAL RETURN FUND-A				X									X			X							X								
	MASSACHUSETTS INVESTORS TRUST-A				X									X			X								X							
	MFS GOV'T SECURITIES FUND-A				X									X									X									
	MERRILL LYNCH CMA					X								X								X										
	MERRILL LYNCH PLDG COLL TO BANK		X											X												X						
	RECEIVABLE FROM CAMPAIGN				X											N/A					X											

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name RUBEN E. HINOJOSA

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
DC	TEXAS REGIONAL BANCSHARES		X		VARIOUS	X									

This page may be copied if more space is required.

Name RUBEN E. HINOJOSA | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	H & H FOODS	LOAN TAXES PERSONAL (1990-1997)			X							
	HINOJOSA DEVELOPMENT CO.	PERSONAL LOAN 1984				X						
	INTERNAL REVENUE SERVICE	1997 FEDERAL INCOME TAXES		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name RUBEN E. HINOJOSA | Page 8 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash . D C	N	N	N	N
Roycroft Corporation	Aug. 6-13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
ASPEN INSTITUTE / PEW CHARITABLE TRUSTS	MAR. 7-9	WASH., D.C. - HERSHEY, PENN. - WASH., D.C.	Y	Y	Y	N
HISPANIC BOARD LEADERSHIP INSTITUTE	JUN. 14-17	WASH., D.C. - SAN ANTONIO, TX. - WASH., D.C.	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER, BOARD OF DIRECTOR	SOUTH TEXAS COMMUNITY COLLEGE (RESIGNED 1-7-97)
PRESIDENT, MEMBER, B.O.D.	H & H FOODS (RESIGNED 1-3-97)
ADVISORY BOARD	UNIVERSITY OF TEXAS AT AUSTIN, TX SCHOOL OF EDUCATION
ADVISORY BOARD	UNIVERSITY OF TEXAS AT PAN AMERICAN
PARTNER	HINOJOSA DEVELOPMENT
PARTNER	HINOJOSA ENTERPRISES

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	REAL ESTATE ASSOCIATES

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

98 JUN -9 PM 2:19

HAND DELIVERED

Ruben Hinojosa
U.S. Congressman
15th District, Texas

June 9, 1998

Robin Carle - Clerk
U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515-6612

(1)

MC

re: Amendments to Financial Disclosure Statements for 1996 and 1997

Dear Madam Clerk,

At December 31, 1996, my children, Kaitlin E. Hinojosa and Karen E. Hinojosa, each had accounts with the Texas Tomorrow Fund, a prepaid higher education tuition program, in excess of $1,000. These accounts were inadvertently omitted from my 1996 Financial Disclosure Statement. The Texas Tomorrow Fund accounts should have been listed on Schedule III as belonging to my dependent children with a year-end value of between $1,001 and $15,000 and with no interest income earned for the year. The purchases by my children of the Texas Tomorrow Fund should have been reported on Schedule IV of my 1996 Financial Disclosure Statement. These purchases began in August, were made on a monthly basis thereafter, and totaled between $1,001 and $15,000 during 1996. In addition, additional purchases by my children of the Texas Tomorrow Fund should have been reported on Schedule IV of my 1997 Financial Disclosure Statement. These purchases were made on a monthly basis during the year and totaled between $1,001 and $15,000.

On January 2, 1997, my wife received one share of NCR stock as a spin-off from the AT&T Corp. stock she owns in her individual retirement account. Her ownership of the NCR stock was reported on Schedule III of my 1997 Public Disclosure Statement even though I was not required to do so because the fair market value of the stock did not exceed $1,000 at December 31, 1997 and did not generate more than $200 in "unearned" income during 1997. This transaction was not reported on Schedule IV of my 1997 Public Disclosure Statement because Schedule IV does not provide a space to report transactions of less than $1000.

Please treat this letter as an amendment to my 1996 and 1997 Financial Disclosure Statements.

Sincerely,

Ruben Hinojosa

Ruben Hinojosa

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 14 PM 3:47

(15)

MC HAND DELIVERED
(Office Use Only)

David L. Hobson
(Full Name)

482 Longford Close, East
(Mailing Address)

202-225-4324
Daytime Telephone

Springfield OH 45503

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David L. Hobson

DATE (Month/Day/Year): 5-14-98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Public Employee Retirement System of Ohio	Legislative Pension	$10,023

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
N/A				

This page may be copied if more space is required.

Name David L. Hobson | Page 4 of 15

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties								X				
	1st Bank of Paducah, KY accounts						X									X										X						
	Salem Olive Assoc. (Ptnshp) Olive Rd. Dayton OH (Bldg/Land)	X																		Ptnshp. Loss	X											S
	I-FOUR Ptnshp (Bldg/Land) 2138 N. Limestone Spfld OH								X						X					Ptnshp. Loss	X											
	Grandview Storage Assoc (Ptnshp) 4.5 acres, Urlin Ave. Cols OH									X					X	X										X						
	Cablevision of Baton Rouge Englewood CO (Ptnshp)	X														X				Ptnshp. Loss		X										
	Retirement Resources Inc. Springfield OH (S-Corp)	X																		No Activity	X											
	Leader-Interest in Oil Well Cols OH (Ptnshp)		X																	Oil & Gas Ptnshp		X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Fujiyama Colo. Ptnshp. Note Receivable							X							X											X					
	Fujiyama Indpls. Ptnshp. Note Receivable						X								X											X					
	Retirement Resources Inc. Note Receivable	X													X						X										
SP	Delaware Group (Mutual Fund)				X									X										X							
	Kemper Techology Fund (Mutual Fund)				X									X											X						
	Cooker Restaurant Corp (Stock)							X						X											X						
	IBM Corp (Stock)			X										X								X									
	Security Banc Corp (Stock)						X							X										X							
SP	Security Banc Corp (Stock)						X							X										X							
SP	Proctor & Gamble (Stock)				X									X									X								
	Proctor & Gamble (Stock)					X								X									X								
	NEWCO-FLC (Stock)						X							X							X										
	Int'l Basic Resources (Stock)			X										X							X										
	Fidelity Investment Adv.Inc. (Stock)							X						X							X										
	Chevron Corp (Stock)			X										X									X								
	ASSETS IN KEYBANK GRANTOR TRUST																														
	KeyBank Money Mkt Funds	X														X							X								S
	Republic Oil Co. (Stock)	X												X							X										Cancelled Distrib. To Beneficiary
	Proctor & Gamble (Stock)	X												X									X								Distrib. To Beneficiary
	Security Banc Corp (Stock)	X												X								X									
	Fuji Land, Indianapolis IN	X																		Vacant land	X										S
	Ohio Public Employee Retirement Fund				X															Pension						X					

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Robson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	ASSETS HELD IN IRA ADVEST ACCT #782-70032																															
	Security Bmc Corp (Stock)				X									X								X										
	Cooker Restaurant Corp (Stock)			X										X								X										
	Money Funds			X										X								X										
	COMPUSA Inc (Stock)	X												X							X											
	Nokia Corp Sponsored ADR (Stock)	X												X								X										P, S
	Quigley Corp (Stock)	X												X							X											P, S
	Abacan Resources Corp (Stock)	X												X							X											P, S
	IBM (Stock)				X									X								X										P
	STOCKS HELD IN SMITH BARNEY ACCT #715-51764-10																															
	Ultratech Stepper Inc (Stock)	X												X							X											S
	Smith Barney Money Funds			X										X									X									
	Western Univ Financial Corp (Stock)					X								X											X							
	Abacan Resources Corp (Stock)	X												X							X											P, S
	Amgen, Inc. (Stock)			X										X							X											P
	Cisco, Inc. (Stock)				X									X							X											P
	COMPUSA Inc. (Stock)	X												X							X											P, S
	EWNC Int'l Inc. (Stock)	X												X							X											P, S
	Intel Corp (Stock)			X										X								X										P
	Nokia Sponsored ADR (Stock)				X									X									X									P
	3 Com Corp (Stock)			X										X							X											P

This page may be copied if more space is required.

1700

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	STOCKS HELD IN SMITH BARNEY ACCT. #715-51764-10 (CON'T)				
	Travelers Group Inc. (Stock)	C X	DIVIDENDS X	II X	P
	C.Arthur Seelbinder (Note Receivable)	F X	INTEREST X	None X	
	ASSETS HELD IN SPINTIY NAT'L BANK (GRANTOR TRUST)				
	Money Market Funds	B X	DIVIDENDS X	II X	
	Security Banc Corp (Stock)	C X	DIVIDENDS X	III X	
	ASSETS HELD IN SMITH BARNEY IRA ACCT. #715-50987-13				
	Select 10 Unit Trust	C X	DIVIDENDS X	II X	P

This page may be copied if more space is required.

1701

SCHEDULE IV — TRANSACTIONS

Name David L. Hobson

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	ASSETS HELD IN IRA ADVEST ACCT #782-70032														
	COMPUSA Inc. (Stock)	X			2/5/97	X									
	Nokia Corp Sponsored ADR (Stock)	X			2/5/97	X									
	Quigley Corp (Stock)	X			Various	X									
	Abacan Resource Corp (Stock)	X			2/26/97	X									
	Abacan Resource Corp (Stock)		X		5/8/97	X									
	COMPUSA Inc (Stock)		X		6/12/97	X									
	Nokia Corp Sponsored ADR (Stock)		X		6/12/97	X									
	Quigley Corp (Stock)		X		6/12/97	X									
	IBM (Stock)	X			6/13/97		X								
	Money Market Fund	X			Various	X									
	ASSETS IN SMITH BARNEY ACCT #715-51764-10														
	Abacan Resource Corp - Cad (Stock)	X			Various		X								
	Abacan Resource Corp (Stock)		X		11/21/97	X									
	Amgen Inc. (Stock)	X			8/21/97	X									
	Cisco Systems Inc. (Stock)	X			2/24/97	X									

This page may be copied if more space is required.

1702

SCHEDULE IV — TRANSACTIONS

Name David L. Hobson

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	ASSETS IN SMITH BARNEY ACCOUNT #715-51764-10 (CONT'D)														
	COMPUSA Inc. (Stock)	X			1/24/97	X									
	COMPUSA Inc. (Stock)		X		8/21/97		X								
	EWMC Int'l Inc-Cad (Stock)	X			1/29/97	X									
	EWMC Int'l Inc-Cad (Stock)		X		12/9/97	(Under $1,000)									
	Intel Corp	X			7/17/97	X									
	Nokia Corp Sponsored ADR (Stock)	X			1/31/97		X								
	3 Com Corp (Stock)	X			11/21/97	X									
	Travelers Group Inc (Stock)	X			8/21/97	X									
	Ultratech Stepper Inc. (Stock)		X		1/13/97	X									
	Fuji Land, Indianapolis IND		X		4/9/97			X							
	Salem Olive Associates (Partnership)		X		12/30/97	X									
	ASSETS IN KEYBANK GRANTOR TRUST														
	KeyBank Money Market Funds		X		9/9/97	X									
	ASSETS IN SMITH BARNEY IRA ACCT #715-50987-13														
	Select 10 Unit Trust	X			Various	X									

This page may be copied if more space is required.

Name David L. Hobson | Page 10 of 15

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–97		X								
	ASSETS IN SECURITY NATIONAL BANK GRANTOR TRUST														
	Money Market Funds	X	X		Various	X									
	Security National Bank Stock	X			Various	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, or JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Huntington National Bank	Mortgage on 3.1 Acres (Full vacant Ground) Cols.OH			X							
	Security National Bank—Salem Olive	Mortgage on Olive Road				X (PAID OFF IN 1997)						
	KeyBank	Revolving Line of Credit			X							
	Bank One	Loan Secured by Stock				X						
	Security National Bank	Business Note for Grandview Storage		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A	N/A	

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Fifth Third Bank of Columbus	Business Note for Fujiyama, Columbus OH		X	(PAID OFF IN 1997)							
	Farm Bureau Life Insurance Company	Mortgage on Warehouse Urlin Ave., Columbus OH							X			
	Security National Bank	First Mortgage on 2138 North Limestone						X				
	Key Bank	Mortgage on Fujiyama Restaurant, Indpls IN.				X						
	Key Bank	Note Secured by Stock			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A	N/A	

Use additional sheets if more space is required.

1706

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute Rep. Leadership Retreat	Jan 21-23	Wash DC-Warrenton, VA-Wash DC	Y	Y	Y	N
	Aspen Institute BiPartisan Retreat	Mar 7-9	Wash DC-Williamsburg,VA-Wash DC	Y	Y	Y	N
	Aspen Institute Conf.on Nat'l Security and Envir.	Mar 30/Apr 5	Dayton,OH-Lanai, HI-Columbus, OH	Y	Y	Y	1 day, Mar 30
	Ripon Educational Fund 1997 TransAtlantic Conference	Aug 7-16	Wash DC-Prague, Czech Rep.-Wash. DC	Y	Y	Y	1 day, Aug 7

1707

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED LIST (PAGE 14 of 14)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1982 to Present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

Use additional sheets if more space is required.

DAVID L. HOBSON
FINANCIAL DISCLOSURE STATEMENT
FOR CALENDAR YEAR 1997

SCHEDULE VIII - POSITIONS

POSITIONS		NAME OF ORGANIZATION
Trustee	(*)	Ohio Wesleyan University
Director	(*)	Cooker Restaurant Corporation
Partner	(**)	Leader Oil Well Limited Partnerships
Partner	(**)	I-FOUR
Partner	(**)	Cablevision of Baton Rouge, Ltd.
Partner	(**) (***)	Salem-Olive Associates
Partner	(**)	Grandview Storage Associates

(*) The Trustee and Director positions were not compensated in 1997

(**) The Partnerships are each included in Schedule III

(***) The Partnership was dissolved in 1997 as a Result of the Sale of the Partnership Property

DAVID L. HOBSON
7TH DISTRICT OHIO

WASHINGTON OFFICE
1514 Longworth HOB
Washington, DC 20515

(202) 225-4324

98 JUN -8 PM 12:03

HAND DELIVERED

APPROPRIATIONS COMMITTEE
NATIONAL SECURITY
VA, HUD, AND INDEPENDENT AGENCIES
MILITARY CONSTRUCTION
BUDGET COMMITTEE
SPEAKER'S DESIGNEE
REPUBLICAN LEADERSHIP

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

June 4, 1998

✓ (1)
MC

Robin Carle, Clerk
U.S. House of Representatives
Legislative Resources Center
B106 Cannon House Office Building
Washington, D.C. 20515-6612

RE: Ethics in Government Act--Financial Disclosure Statement for 1997

Dear Madam Clerk:

The financial disclosure statement that I filed May 15, 1998, included the sale of a parcel of land in Indianapolis, IN. The transaction was appropriately listed in Schedule IV-Transactions. However, this parcel of land was only disclosed for the first time on the financial disclosure statement that I filed for 1997.

In the Disclosure Statement for 1994, a transaction was listed as an exchange of 5+ acres of land, Emerson Avenue, Indianapolis IN. The land sold in 1997 was received as part of that exchange in 1994. Since the time I received the land, I believed it to be worthless, and thus, it was not reported on the annual disclosure statements. As other property surrounding this land has been developed, this parcel has acquired monetary value. It was then sold in 1997.

Please accept this letter as an amendment to prior disclosure statements. Thank you.

Sincerely,

DAVID L. HOBSON
Member of Congress

DLH/gg

SPRINGFIELD OFFICE
5 W North St., Ste. 200
P.O Box 269
Springfield, OH 45501-0269

(937) 325-0474

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

LANCASTER OFFICE
212 S Broad St.
Room 55
Lancaster, OH 43130-4389

(614) 654-5149

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 14 PM 4:20

Peter Hoekstra
(Full Name)

1122 Longworth HOB, Washington, D.C. 20515 202-225-4401
(Mailing Address) Daytime Telephone

MC

9

(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State District MI 2nd	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Peter Hoekstra

DATE (Month/Day/Year) 5/9/98

1711

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name Peter Hoekstra

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	SP Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Personal Accts - OKB			X												X							X									
	Personal Acct. Huntington			X												X							X									
	Holland Public School Fund				X											X								X								
	Thrift Savings Plan					X								X		X									X							
	Huntington Trust						X							X		X							N.A.									
	Herman Miller Stock				X									X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Hoekstra

SP, DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	IRA Acct. OKB Huntington HMI					X								X		X							X									
	Capital World Growth Fund			X										X		X							X									

This page may be copied if more space is required.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	None			

This page may be copied if more space is required.

Name Peter Hoekstra | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–97		X								
	None															

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Huntington (FMB) Equity Credit	Holland, Mi.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

1717

Name Peter Hoekstra | Page 9 of 1

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Detroit Chamber of Commerce	May 30/31	Mackinac Island	Y	–	N	N
	Republican Governors Assoc.	11/20 - 11/21	Miami, Florida	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

PETE HOEKSTRA
SECOND DISTRICT
MICHIGAN
E-MAIL
tellhoek@mail.house.gov
WORLD WIDE WEB
http://www.house.gov/hoekstra/welcome.html

105th Congress

Congress of the United States
House of Representatives

RECEIVED
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
98 JUN 10 AM 10: 11

COMMITTEES
EDUCATION AND THE WORKFORCE COMMITTEE
CHAIRMAN, OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE
BUDGET COMMITTEE

INSIDE MAIL

June 9, 1998

The Honorable Robin Carle, Clerk
U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515

MC ①

Dear Madam Clerk:

I understand the Committee on Standards is seeking clarification for a few abbreviations I used in my 1997 Financial Disclosure Statement (FDS) I was a little surprised at the request since I have used similar abbreviations in previous years' FDS, but I am happy to comply with the Committee's request.

The abbreviation "OKB" stands for Old Kent Bank. The abbreviation "Huntington" stands for Huntington Bank The abbreviation "HMI" stands for Herman Miller, Incorporated, located in Zeeland, Michigan

The Committee also requested clarification of certain items in Schedule VII In June, 1997, I submitted a Member/Officer Travel Disclosure Form to the Clerk for expenses paid by the Detroit Chamber of Commerce for a meeting at Mackinac Island, Michigan, on May 30 and May 31, 1997 Since expenses were less than $250, I understand the Clerk does not request duplicative disclosure in the FDS

For the November 20 trip to the Republican Governor's Association meeting, the point of departure was Grand Rapids, Michigan. The destination was Miami, Florida The point of return was Grand Rapids, Michigan.

I hope this clarifies my FDS for your records If you have any further questions, do not hesitate to contact my office

Sincerely,

Pete Hoekstra
Member of Congress

PH/jvh

WASHINGTON OFFICE
1122 Longworth HOB
Washington, DC 20515
(202) 225-4401
FAX (202) 226-0779

DISTRICT OFFICE—HOLLAND
31 East 8th St Suite 320
Holland, Mich 49423
(616) 395-0030
FAX (616) 395-0271

DISTRICT OFFICE—MUSKEGON
900 3rd Street, Suite 203
Muskegon, Mich 49440
(616) 722-8386
FAX (616) 722-0178

DISTRICT OFFICE—CADILLAC
210 1/2 North Mitchell St
Cadillac, Mich 49601
(616) 775-0050
FAX (616) 775-0298

PRINTED ON RECYCLED PAPER

98 MAY 14 PM 3:42

HAND DELIVERED

(Office Use Only)

5

1721

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Hon T. Timothy Holden
(Full Name)

31 Pearl Street
(Mailing Address)

Saint Clair PA 17970 — Daytime Telephone: 202-225-5546

Filer Status	[X] Member of the U S House of Representatives	State: PA District: 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[ ]	No	[X]	
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[ ]	No	[X]	
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[ ]	No	[X]	
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[ ]	No	[X]	
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL — Tim Holden

DATE (Month/Day/Year) — 5/14/98

Name Hon. T. Timothy Holden	Page 3 of 5

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of Schuylkill, Pennsylvania	Spouse salary	$28,352.15

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Schuylkill Federal Employees Credit Union, 724 Market Street, Pottsville, PA 17901	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	Lease Purchase Agreement - 329 West Oak Street, Shenandoah, PA 17976	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
JT	Community Bank, 2nd & Canal Street, Saint Clair, PA 17970	$1 - $1,000	Interest	$1 - $200	NA
JT	Pennsylvania National Bank, One South Centre Street, Pottsville, PA 17970	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Legg Mason	$1,001 - $15,000	Dividends	$1 - $200	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Specialized Portfolio - Energy portfolio	$1,001 - $15,000	Interest	$201 - $1,000	P
JT	VanGuard Group, Box 7800, Philadelphia, PA ---detailed list of Van Guard portfolio	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
	Windsor II Stocks	$15,001 - $50,000	Dividends	$2,501 - $5,000	P
	PA Tax Free Fund, Insured Long Term Bond	$1,001 - $15,000	tax exempt income	$1 - $200	NA
	VMMR Prime portfolio - Money market	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	VanGuard High Yield Corporate Bond Portfolio	$15,001 - $50,000	Interest	$2,501 - $5,000	P

Name Hon. T Timothy Holden | Page 5 of 5

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Specialized Portfolio - Energy Portfolio	Purchase	10-28-97	$1,001 - $15,000
JT	Specialized Portfolio - Energy Portfolio	Purchase	10-14-97	$1,001 - $15,000
JT	Legg Mason	Purchase	10-16-97	$1,001 - $15,000
JT	VanGuard High Yield Corporate Bond Portfolio	Purchase	7-25-97	$1,001 - $15,000
JT	VanGuard High Yield Corporate Bond Portfolio	Purchase	2-24-97	$1,001 - $15,000
JT	Windor II Stock	Purchase	3-12-97	$1,001 - $15,000
JT	Winsdor II Stock	Purchase	7-25-97	$1,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members officers, and employees

99 MAY 15 PM 5:27

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only) (5)

Darlene Hooley
(Full Name)

6404 Failing Street
(Mailing Address)

West Linn OR 97068 Daytime Telephone (202)225-5711

Filer Status	[X] Member of the U S House of Representatives	State OR District 05	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Darlene Hooley DATE (Month/Day/Year) 5/14/98

1726

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Clackamas Cty.	salary	$668.00
	State of Oregon	retirement	$8,226.00
	State of Oregon	spouse retirement	NA
	Clackamas Community College	spouse retirement	NA

For payments to charity in lieu of honoraria, use Schedule II.

1727

Name Darlene Hooley | Page 3 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Fidelity Investment	$1,001 - $15,000	Dividends and Interest	$1,001 - $2,500	
JT	Portland Teacher's Credit Union	$1 - $1,000	Interest	None	
	AETNA	$100,001 - $250,000	Tax Deferred Annuity	None	NA
SP	Kemper	$15,001 - $50,000	Tax Deferred Annuity	None	NA
SP	Standard	$15,001 - $50,000	Tax Deferred Annuity	None	NA
	Westport Oil	$1,001 - $15,000	Royalty	$1,001 - $2,500	
	US Bank Trust	$1,001 - $15,000	Interest	$1 - $200	
	Pacific Northwest Life Insurance Co.	$1 - $1,000	Distribution on Stock	$1 - $200	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

PERS (State Pension)	N/A	NA	NA	NA

Name Darlene Hooley	Page 5 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
JT	US Bank	Line of Credit	$50,001 - $100,000
	VISA	Charge Account	$10,001 - $15,000

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 JUN 11 PM 3:56

HAND DELIVERED

DARLENE HOOLEY
5th DISTRICT OREGON

COMMITTEES
COMMITTEE ON BANKING AND FINANCIAL SERVICES
SUBCOMMITTEE ON HOUSING AND COMMUNITY OPPORTUNITIES
SUBCOMMITTEE ON DOMESTIC AND INTERNATIONAL MONETARY POLICY
COMMITTEE ON SCIENCE
SUBCOMMITTEE ON ENERGY AND ENVIRONMENT

Congress of the United States
House of Representatives
Washington, D.C. 20515-3705

CONGRESSIONAL OFFICES:
☐ 1419 LONGWORTH BUILDING
WASHINGTON, D.C. 20515
(202) 225-5711
(202) 225-5699 fax
☐ 315 MISSION ST., SUITE 101
SALEM, OREGON 97302
(503) 588-9100
(503) 588-5517 fax
☐ 914 MOLALLA AVE., SUITE 103
OREGON CITY, OREGON 97045
(503) 557-1324
(503) 557-1981 fax
DARLENE@MAIL.HOUSE.GOV
TOLL FREE: 1 888 4-HOOLEY

June 10, 1998

The Honorable Robin Carle
The Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon
Washington, D.C. 20515

✓ (1)
MC

Dear Madam Clerk:

On my Financial Disclosure Statement for 1997, there are items for amendment. Among the tax deferred annuities of my spouse under Schedule III Assets and "Unearned" Income, Kemper was erroneously listed instead of Jackson National. I would also indicate under Westport Oil and U.S. Bank Trust that I am one-quarter owner of those assets and have received one-quarter of the income from those assets. Pacific Northwest Life Insurance Co. should have been omitted from the Statement as it is valued at less than $200 in "unearned" income

Please treat this as an amendment to my Financial Disclosure Statement for 1997. If you have any questions or need further information, please do not hesitate to contact me.

Sincerely,

Darlene Hooley

Darlene Hooley
Member of Congress

98 MAY 15 AM 11:52

MC (6)

HAND DELIVERED

(Office Use Only)

1782

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A

For use by Members, officers, and employees

STEPHEN HORN
(Full Name)

3944 Pine Avenue
(Mailing Address)

Long Beach CA 90807

Daytime Telephone (202)225-6676

Filer Status: [X] Member of the U.S. House of Representatives — State CA District 38 [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Stephen Horn

DATE (Month/Day/Year) May 15, 1998

Name STEPHEN HORN | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock			Indefinite		X								X																		P
	Simon & Schuster						X									X				Royalties						X			X			
	1st Bank of Paducah, KY accounts																															
	Smith Barney IRA			X																	NA											
SP	Smith Barney IRA			X																	NA											
SP	Shurgard IRA			X																	NA											
	Shurgard IRA			X																	NA											
JT	Boston Financial			X																	NA											
	TIAA-CREF Annuity						X														NA											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEPHEN HORN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	PERS (Public Employee Retirement System)						x													retirement							x					
	Beneficial Standard Life Ins. Annuity					x															NA											
	John Alden Life Ins. Annuity				x																NA											
	General American Life Ins. Annuity				x																NA											
	Safeco Life Ins. Annuity						x														NA											
	Fidelity & Guaranty Life Ins. Annuity					x															NA											
JT	810 Lighthouse Ave., #207, Pacific Grove California					x																			x							S
																									(see Schedule IV)							

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name: STEPHEN HORN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
JT	810 Lighthouse Avenue, #207 Pacific Grove, CA		X		1-27-97				X						

This page may be copied if more space is required.

Name STEPHEN HORN

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	none											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (uncompensated)	Kutak Foundation, Omaha, Nebraska (A charitable organization formed to provide scholarships and studies in honor of the late Robert J. Kutak, a distinguished attorney. I attend Board meetings when they are held in Washington and do not seek reimbursement for my $2.20 in Metro fares.)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED
PUBLIC RECORDS OFFICE CENTER
98 MAY 15 AM 11:53
HAND DELIVERED
OFFICE OF THE CLERK

STEPHEN HORN
38TH DISTRICT, CALIFORNIA
WASHINGTON OFFICE
438 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6676
DISTRICT OFFICE
4010 WATSON PLAZA DRIVE
SUITE 160
LAKEWOOD, CA 90712
(562) 425-1336

Congress of the United States
House of Representatives
Washington, DC 20515–0538

COMMITTEE:
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
SURFACE TRANSPORTATION
WATER RESOURCES AND ENVIRONMENT
COMMITTEE:
GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE
CHAIRMAN:
GOVERNMENT MANAGEMENT, INFORMATION, AND TECHNOLOGY
DISTRICT OF COLUMBIA

May 11, 1998

The Hon. Robin Carle
Office of Records and Registration
The Clerk of the House
B-106 Cannon House Office Building
Washington, D.C. 20515

① MC

Dear Madam Clerk:

I wish to amend the Financial Disclosure Statements submitted for Calendar Years 1991-1992 (as candidate), 1993, 1994, 1995, and 1996.

In December, 1984 my wife and I, along with our daughter and her husband, entered into a financial arrangement with my wife's parents (then in their eighties) which allowed them to remain living in their condo in Pacific Grove, California.

The arrangement was for us to purchase the condo for $100,000 in 1984 as 50% owners. My wife's and my share was $50,000. My wife's parents paid fair market rent monthly commencing in December, 1984, and our monthly payments to my parents-in-law netted them an amount which assured their comfort. The 12-year note at 13% was paid off in December, 1996. We sold the condo in January, 1997, for $185,000 when my wife's mother found living alone burdensome. My wife's and my share after closing costs was $78,400.

I have not listed the condo or the note on previous financial disclosure statements because I understood the instructions on assets and liabilities to exclude loans between "...the parent...of you or your spouse." We declared the arrangement on our state and federal taxes as rental income and deducted mortgage interest and depreciation. In preparing the financial disclosure statement for 1997, I discussed the matter of the sale with the counsel for the Committee on Standards of Official Conduct, and understand that it should have been treated as investment property on the previous disclosure forms.

On all of the relevant years, my ownership interest in this property was in Category E ($50,001 to $100,000) and the amount of annual rental income until December, 1996, was in Category V ($2,501 to $5,000) of Schedule III. Please consider this letter amendments to the financial disclosure statements noted above. Thank you for your consideration of this request.

Sincerely yours,

Stephen Horn

Stephen Horn

PRINTED ON RECYCLED PAPER

STEPHEN HORN
38TH DISTRICT, CALIFORNIA

WASHINGTON OFFICE
438 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6676

DISTRICT OFFICE
4010 WATSON PLAZA DRIVE
SUITE 160
LAKEWOOD, CA 90712
(562) 425-1338

Congress of the United States

House of Representatives

Washington, DC 20515–0538

June 10, 1998

COMMITTEE
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
SURFACE TRANSPORTATION
WATER RESOURCES AND ENVIRONMENT

COMMITTEE
GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE
CHAIRMAN
GOVERNMENT MANAGEMENT, INFORMATION AND TECHNOLOGY
DISTRICT OF COLUMBIA

The Honorable Robin Carle
Office of Records and Registration
The Clerk of the House
B-106 Cannon House Office Building
Washington, D.C. 20515

(1) ✓ MC

HAND DELIVERED

Dear Madam Clerk:

I wish to amend Schedule I of the Financial Disclosure Statement submitted for 1997 to reflect the pension from the California Public Employees Retirement System beginning January, 1997 which had also been listed on Schedule III. The amount of gross income received during 1997 was $ 53,971.87.

A Schedule IV listing the sale of my in-laws condo was submitted with the original Financial Disclosure Statement. There was a typographical error on page 1. The Yes box on Section IV of Preliminary Information should have been checked to reflect the Schedule IV submitted.

Thank you for your consideration.

Kindest regards,

Stephen Horn

Stephen Horn

RECEIVED
98 JUN 10 PM 4:58

RECEIVED

98 MAY 14 PM 4:01

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (5)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

John Nathan Hostettler
(Full Name)

431 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202)225-4636

Filer Status	[X] Member of the U S House of Representatives	State IN District 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S C app. 4, 104 and 18 U S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL John N. Hostettler

DATE (Month/Day/Year) 5/14/98

1740

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP. DC., JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Boeing Co. Stock (gift)	$1 - $1,000	Dividends	$1 - $200	gift
	Edison International Stock (gift)	$1,001 - $15,000	Dividends	$1 - $200	gift
	Exxon Corp. Stock (gift)	$1,001 - $15,000	Dividends	$1 - $200	gift
	General Electric Co. Stock (gift)	$1,001 - $15,000	Dividends	$1 - $200	gift
	RJR Nabisco Holdings Stock (gift)	$1 - $1,000	Dividends	$1 - $200	gift
	Fortune Brands Stock	$1 - $1,000	Dividends	$1 - $200	Stock acquired as a result of American Brands stock reorganization

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Gallaher Group Stock	$1 - $1,000	Dividends	$1 - $200	Stock acquired as a result of American Brands Stock reorganization
	Cash Balance of Schwab one Investment Account	$1,001 - $15,000	Interest	$201 - $1,000	NA
	Bristol Meyers Squibb Stock	$1 - $1,000	Dividends	$1 - $200	NA
	IBM Stock	$1 - $1,000	Dividends	$1 - $200	NA
	Key Corp Stock	$1 - $1,000	Dividends	$1 - $200	NA

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Evansville Teachers Federal Credit Union	Consolidation Note	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
People's Bank of Washington	April 28, 1997	Washington, IN - Muskateen, Iowa	N	Y	N	no
Regent University	October 27,28, 1998	Washington D.C. - Virginia Beach -Washington, DC	Y	Y	N	No

JOHN N. HOSTETTLER
8TH DISTRICT, INDIANA

COMMITTEE ON NATIONAL SECURITY
SUBCOMMITTEES
MILITARY INSTALLATIONS AND FACILITIES
MILITARY RESEARCH AND DEVELOPMENT

COMMITTEE ON AGRICULTURE
SUBCOMMITTEES
LIVESTOCK, DAIRY, AND POULTRY
RESOURCE CONSERVATION, RESEARCH, AND FORESTRY

98 JUN -9 AM 10: 04

HAND DELIVERED

431 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-4636
INTERNET: John.Hostettler@mail.house.gov
http://www.house.gov/hostettler/

COUNTIES
DAVIESS, GIBSON, GREENE, KNOX, LAWRENCE, MARTIN, MONROE, ORANGE, PIKE, POSEY, SULLIVAN, WARRICK, VANDERBURGH

Congress of the United States
House of Representatives

June 5, 1998

Robin Carle
Clerk of the House
B-106 Cannon
Washington, D.C. 20515

To Whom It May Concern:

This letter serves as an amendment to the previously filed 1997 Financial Disclosure Form. I would like to clarify two items in this report.

All stocks listed in Schedule III with the notation of (gift) were stock gifts given to me by my immediate family. Secondly, in Schedule III, I erroneously reported the amount of income earned by the Schwab One Investment Account as being $201-$1000. The correct income bracket should be $1-$200.

Thank you for this opportunity to elaborate and correct my financial disclosure statement.

Sincerely,

John N. Hostettler
Member of Congress

101 N.W. MARTIN LUTHER KING, JR. BLVD.
ROOM 124
EVANSVILLE, IN 47708
(812) 465-6484

120 WEST 7TH STREET, SUITE 314
BLOOMINGTON, IN 47404
(812) 334-1111

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 AM 11:07

(24)

MC

HAND DELIVERED

Amory Houghton, Jr.
(Full Name)

80 East Market Street, Suite 201
(Mailing Address)

Corning, New York 14830

Daytime Telephone (202) 225-3161

Filer Status: [X] Member of the U.S. House of Representatives — State New York District 31st; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Amory Houghton

DATE (Month/Day/Year): 5/15/98

1746

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE I - EARNED INCOME

Source and Type	Amount
Corning Incorporated:	
Income (in-kind):	
Value of transportation benefits by former employer - see Part IX Agreements	$ 540
Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation (income in-kind, in excess of the 1997 outside earned income limit of $20,040, is offset by 1997 donations to qualified charitable organizations in the amount of $175,407)	$ 69,720
Trustee and Executor Commissions (commissions represent personal services provided to protect family resources, amounts not subject to outside earned income limit):	
L.H. Beer Trust 12/10/34	8,600
J.R. Houghton Trust 12/10/34	10,900
A.B. Houghton Trust 12/10/34	7,000
A. Houghton Jr. Trust 12/10/34	7,400
E.H. Weinberg Trust 12/10/34	7,800
A.S. Lassalle Trust 1/20/79	1,700
G.H. Lassalle Trust 11/21/78	2,900
H.D. Houghton Trust 12/22/61	7,600
R.P. Waters Trust 3/14/70	3,300
M.T. Mowbray Trust U/W G.B. Hollister	3,100
H.M. Carter Trust U/W G.B. Hollister	3,000
M.T. Mowbray Trust 4/18/46	600
B.H. Brakenridge Trust 4/18/46	600
B. Hollister Jr. Trust 4/18/46	600
P.H. Mowbray Trust U/W H.C. Hollister	2,600
B. Hollister Trust U/W H.C. Hollister	2,600
P.J. Allatt Jr. Trust 8/15/49	3,500
J.W. Hollister Trust U/W G.B. Hollister	2,200
B.H. Brakenridge Trust U/W G.B. Hollister	2,200
B. Hollister Jr. Trust U/W G.B. Hollister	2,200
H.M. Carter Trust 4/18/46	600
B.G. Ooten Trust 4/21/65	1,800
M.A. Keaton Trust 1/22/64	1,600
M.A. Keaton Trust 6/24/63	1,300
E.M. OeDell Trust 6/24/63	1,200
E. Houghton Trust 12/10/34	12,600
E.A. Ray Trust 12/10/34	10,900
E.H. Cole Trust 12/10/34	12,600
E.M. Cain Trust 5/31/57 U/A A.A. Houghton	3,900
	$ 126,900

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	B		None	None	

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Equity Securities:					
Citicorp, N.A. - common stock	F		Dividend	IV	
Corning Incorporated - common stock	I		Dividend	VIII	
Genetech Corporation - common stock	G		None	None	
Gemstar International Group Ltd. (formerly StarSight Telecast)	F		None	None	
Market Street Trust Company - common stock, Corning, NY	F		Dividend	V	
Proctor & Gamble - common stock	E		Dividend	IV	Gift
NovaCare - common stock	E		None	None	Gift
Sun Microsystems - common stock	E		None	None	
Covance Inc. - common stock	A		Capital Gain	IX	T, S
Quest Diagnotics Incorporated - common stock	A		Capital Gain	IX	T, S
U.S. Government Obligations:					
Savings bonds series E & EE	C		Interest	III	
Other:					
J.P. Morgan Delaware, Wilmington, DE	G		Interest	VI	
Chase Manhattan Bank, N.A., Corning, NY	D		Interest	III	
Citibank, N.A., New York, NY	D		Interest	III	
Corning Federal Credit Union, Corning, NY	C		Interest	II	
First National Bank of Boston, Quincy, MA	C		Interest	I	
76-78 East Market Street (investment property), Corning, NY	H		Rent	VII	
Congressional Federal Credit Union, Washington, DC	D		Interest	V	
Nations Bank, Washington, DC (closed in 1997)	A		Interest	I	
Hingham Institution for Savings, Hingham, MA	C		Interest	II	
Notes Receivable - RGD Consulting Group, Elmira, NY	C		Interest	I	
Notes Receivable - Nancy M. MacCraig, Corning, NY	C		Interest	III	
Newport Tiger Fund, mutual fund, San Francisco, CA (sold in 1997)	A		Dividend	II	S
Twentieth Century Ultra Investors, mutual fund, Kansas City, MO (sold in 1997)	A		Capital Gain	V	S
Harbor International Fund, equity mutual fund, Toledo, OH	C		Dividend	II	P
Longleaf Partners Fund, mutual fund, Kansas City, MO	C		Dividend	III	P

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Other (Continued):					
Vanguard Index Trust, mutual fund, Philadelphia, PA	C		Dividend	II	P
Brandywine Fund, mutual fund, Milwaukee, WI	C		Dividend	IV	P
Partnerships:					
Corning Associates II, managed by Aicre Realty, rental of office building, 41 State Street, Albany, NY (share - 50.00/5.50%)	F	(1)	Partnership	VI	
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	F	(2)	Partnership	IV	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other nonoperating interests in natural gas properites primarily in Michigan (share - 3.17%)	C	(2)	Partnership	I	
Mutual Benefit Theatre Partners, L.P.III, a partnership formed to finance the live stage threatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Threatre Co., Inc., Newark, NJ (share - .70%)	D	(2)	Partnership	VI	
Corning Associates VC-1, investment in venture capital partnerships (share 19.61/ - %**): Business Development Capital Limited Partnership III, managed by the Foster Management Co., King of Prussia, PA, invested in HealthCare Capital and Valley Forge Dental, Inc.; there were no items disposed of during the year ended December 31, 1997 (share - .17%**)	C	(2)	Partnership	III	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively.

(1) Valuation method - original investment, plus/less any additional capital contributed/withdrawn since inception.

(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn and income/loss since inception.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Continued):					
Intersouth Partners, managed by Intersouth Associates, Research Triangle Park, NC, invested in IllumElex Corp. and UOL Publishing, Inc.; items disposed during the year ended December 31, 1997 - Digital Recorders, Inc. IllumElex Corp. and Cardiovascular Diagnostics, Inc. (share - -/.78%)	D	(2)	Partnership	VI	
Bradford Gordon 1992-2, limited partner-ship organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 6.81%)	C	(2)	Partnership	I	
Bradford Gorden 1996-1, limited partnership organized to acquire royalty, minerals or other non-operating interests in natural gas properties primarily in Michigan (share - 4.75%)	C	(2)	Partnership	I	
Trusts:					
Market Street Equity Trust II (MSETII) - Delaware business trust - investments include: common stock of Intel Corp., Rentokil Group plc, Microsoft Corp., Coca Cola Co., Gillette Co., First Data Corp., Monsanto Co., Automatic Data Processing Inc., Cisco Systems Inc., Cognizant Corp., Pfizer Inc., Stryker Corp., Walt Disney Co., Johnson & Johnson, Cendant Corp. and Pierpont Money Market Fund (share - .24%)	E	(3)	Trust	V	P,S
MSETII holdings disposed of or exchanged during the year ended December 31, 1997 - Proctor & Gamble Co. and CUC International Inc.					
Amory Houghton Jr. Trust U/W A.B. Houghton - (interest in income only) Holdings consist of: Trusts: Market Street Fixed Income Trust I - Delaware business trust - investments include: securities of Power Authority of the State of New York, City of Pawtucket -			Trust	IX	

(2) See explanation at page 3 of 23.

(3) Valuation method - partner's share of market value of investments at December 31, 1997.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset		Income		
	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Rhode Island, Commonwealth of Pennsylvania General Obligation, Colorado River Municipal Water District - Texas, York County Public Facilities Corp. - South Carolina, Prince Georges County Hospital - Maryland, Clark County School District of Nevada, Maricopa County School District No. 4 of Arizona, Pennsylvania Higher Education, State of New Jersey, Cook County Community College - Illinois, State of Iowa Department of General Services and Department of Corrections, Metropolitan Pier and Exposition Authority - Illinois, Texas Water Development Board, Georgia State Housing and Finance Authority, Sacramento Municipal Utility District - California, Santa Ana Community Redevelopment Agency - California, State of Colorado, North Central Texas Health Facilities Development Corp., Missouri State Environmental Improvement and Energy Resources Authority, Houston Independent School District - Texas, Nebraska Public Power District, Richland County - South Carolina, Geisinger Authority - Pennsylvania, Rhode Island Depositors Economic Protection Corp., Colorado Housing Finance Authority, Commonwealth of Massachusetts, Fairfax County - Virginia, Fulton County School District - Georgia, District of Columbia General Obligation, City of Chicago - Illinois, Massachusetts Bay Transportation Authority - Massachusetts, Massachusetts Water Resources Authority, Dallas County Flood Control District No. 1 - Texas, Santa Clara Valley Water District - California, Massachusetts Housing Finance Agency, New York State					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset		Income		Transaction
	Category of Value	Alternative Valuation	Type of Income	Category of Income	
Trusts (Continued):					
Medical Care Facilities Finance Agency, City of Miami - Florida, Chicago O'Hare International Airport - Illinois, Western Municipal Power Agency - Minnesota, City of Austin - Texas, Intermountain Power Agency - Utah, Cook County Illinois General Obligation, Regional Transportation Authority - Illinois, Florida State Board of Education, Salt River Project Agricultural Improvement and Power District - Arizona, State of Nevada, King County School District No. 414, Minnesota Housing Finance Agency, Traverse City Area Public Schools - Michigan, City of Los Angeles - California, Grant County Public Utility School, Sacramento County - California, City and County of San Francisco - California, Massachusetts Health and Educational Facilities - North Shore Medical Center Inc., Wyoming Student Loan Corp., Los Angeles State Building Authority, New York State Dormitory Authority, Orange County Local Transportation Authority, Wisconsin Health & Educational Facilities - Holy Family Medical Center, Wisconsin Health & Educational Facilities - Home for the Aging, Oregon State Housing Community Services, Southern California Public Power Authority, Kentucky Turnpike Authority, State of California General Purpose, City of Dallas - Texas, City of Boston - Massachusetts, City of Jacksonville - Florida, Michigan Housing Development Authority - Rental, Virginia Housing Development Authority - Multifamily, Virginia Housing Development Authority - Commonwealth, Wisconsin Health & Educational Facilities - Lutheran Home of Oconomowoc, Federal National Mortgage Association,					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Texas Public Finance Authority, New England Education Loan Marketing Corp. - Massachusetts, Illinois Housing Development Authority - Multifamily, Sauget Illinois Regional Waterwaste Treatment, Illinois Health Facilities Authority, Modesto Irrigation District Financing Authority - California, North Carolina Eastern Municipal Power Agency, Orlando Utilities Commission - Florida, Beaver Industrial Development Authority - Pennsylvania, City of Berwyn - Illinois, Franciscan Sisters of Christian Charity Healthcare Ministry - Ohio, General Electric Capital Corp., Kaweah Delta Hospital - California, Lehigh County Industrial Development Authority - Pennsylvania, Massachusetts Health and Educational Facilities - Joslin Diabetes Center, South Carolina Job Economic Development, Montgomery County Economic Development - American Red Cross Facility, State of Utah, Morris County - New Jersey, State of Mississippi, State of Hawaii, Dallas Fort Worth Regional Airport - Texas, New York State Local Government Assistance Corp., Virginia College Building Authority - Virginia, Platte River Authority - Colorado, Middletown Township - New Jersey, California Housing Finance Agency, Connecticut Health and Educational Facilities Authority - St. Mary's Hospital, Jacksonville Electric Authority - Florida, Michigan State Hospital Finance Authority, Los Angeles County Public Works Finance Authority, State of California Variety Purpose, Westlake City School District - Ohio, King County - Washington, Multnomah County School District					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
No 15 - Portland, Lago Vista Independent School District - Texas, Waxahachie Independent School District - Texas, Colorado Housing Finance Authority - Multi-family, Antelope Valley Health Care District - California, Coconino County Unified School District No. 001 - Arizona, Yuma Industrial Development Authority - Arizona, Jefferson Parish - Los Angeles, West Virginia State Building Commission, Texas Department of Housing and Community Affairs - Single Family, Palm Beach County Solid Waste Authority, Spring Branch Independent School District - Texas, Michigan State Hospital Finance Authority, Municipal Assistant Corp. - New York, City of Fort Worth - Texas, Tennessee Housing Development Agency, State of Texas, City of Charlotte - North Carolina, Town of Nantucket - Massachusetts, State of North Carolina, Austin Independent School District - Texas, City of Long Beach Harbor - California, Wisconsin Health and Educational Facilities - Carroll College, Wisconsin Health and Educational Facilities - St Joseph's Residence, Wisconsin Health and Educational Facilities - Marian College, Wisconsin Health and Educational Facilities - Carthage College, Wisconsin Health and Educational Facilities - Beloit College, Wisconsin Health and Educational Facilities - United Lutheran Program for the Aging, Wisconsin Health and Educational Facilities - Janesville Area Visiting Nurses, Peninsula Ports Authority - Virginia, University of Pennsylvania, State of Illinois, Texas Health Facilities Development Corp. and Pierpont Money Market Fund (share - .63%)	H	(3)			

(3) See explanation at page 4 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
MSFIT I holdings disposed of during the year ended December 31, 1997 - Massachusetts Industrial Finance Agency, Cumberland County Improvement Authority of New Jersey, Northern Arizona University, Bergen County Utilities Authority - New Jersey, Town of Enfield - Connecticut General Obligation, Puerto Rico Public Building Authority, Wisconsin Health Facilities Authority - Wheaton Franciscan Services, Pennsylvania Higher Educational Facilities - University of Pennsylvania, Wisconsin Health and Educational Facilities - Viterbo College, Georgia Municipal Electric Authority, North Charleston Sewer District - South Carolina, Adams County School District No. 12, Big Stone Gap, Redevelopment and Housing Authority, Wisconsin Health & Education Facilities - Memorial Hospital of Taylor County, City of Pittsburgh - Pennsylvania, Round Rock Independent School District - Texas, Jefferson County - Kentucky, Missouri Industrial Development Authority, North Slope Borough - Alaska, Tarrant County Health Facilities Development Corp. - Texas, Chatham County Hospital Authority - Georgia, Philadelphia Authority for Industrial Development - Pennsylvania, Wisconsin Health & Educational Facilities - Milwaukee Regional Medical Center, Wisconsin Health Facilities Authority - Memorial Hospital and Oconomowoc, U.S. Government Notes, and Northeastern Pennsylvania Hospital and Education Authority					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Market Street New York Municipal Bond Trust - Delaware business trust - investments include: municipal bonds of Niagara Falls Bridge Commission - New York, Municipal Assistance Corp. for the City of New York - New York, New York State Dormitory Authority, New York State Thruway Authority, Metropolitan Transportation Authority - New York, Power Authority of the State of New York, New York City Municipal Water Finance Authority - New York, Triborough Bridge and Tunnel Authority - New York, New York State Local Government Assistance Corp., New York State Environmental Facilities Corp., New York State Bridge Authority, New York State Thruway Authority, Port Authority of New York & New Jersey, Orange County - New York and Pierpont Money Market Fund (share - 15.04%)	I	(3)			
Market Street New York Municipal Bond Trust holdings disposed of during the year ended December 31, 1997 - municipal bonds of New York Water Revolving Fund New York Municipal Water, New York State Mortgage Agency and State of New York					
Market Street Equity Trust I - Delaware business trust - investments include: Cellpro Inc., Cygnus Inc., Sequus Pharmeceuticals Inc., Avant Corp., Advanced Fibre Communications, Ergo Science Corp., TCSI Corp., Med. Immune Inc., 12 Technologies, Inc., Paragain Technologies, Inc., Peoplesoft, Inc., Vantive Corp., Westell Technologies, Inc., Yahoo Inc., Yurie Systems Inc., Xylan Corp. and Pierpont Money Market Fund (share - 2.85%)	G	(3)			

(3) See explanation at page 4 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Market Street Equity Trust I holdings disposed during the year ended December 31, 1997 - Netscape Communications Corp., Fore Systems Inc., Parametric Technology Corp., Ascend Communications Inc., Premisys Communications Inc., Cascade Communication Corp. and Pure Atria Corp.					
Market Street Equity Trust III - Delaware business trust - investments include: Federal National Mortgage Association, Federal Home Mortgage Corp., General RE Corp., Washington Post Co., Aflac Inc., Berkshire Hathaway Inc., Progressive Corp. Ohio, Avon Products Inc., AH Belo Corp., Coca Cola Co., Walt Disney Co., Dun & Bradstreet Corp., Gillette Co., Interpublic Group Companies Inc., Nike Inc., Scherer RP Corp., Markel Corp., RLI Corp., Hearst-Argyle Television Inc., Jacor Communications Inc., LIN Television Corp., Oakwood Homes Corp., Pulitzer Publishing Co., E.W. Scripps Howard, Inc. and Pierpont Money Market Fund (share 1.02%)	F	(3)			
Market Street Equity Trust III holdings disposed during the year ended December 31, 1997 - J.P. Morgan & Co. Inc., Airtouch Communications Inc., Amgen Inc., Security Capital Industrial Trust, Security Capital Pacific Trust, Gannett Co., Genetics Institute Inc., Ford Motor Co., Intel Corp., Unocal Corp., Cousins Properties Inc., Gryphon Holdings Inc., Avatar Holdings Inc., Beazer Homes USA Inc., Noel Group Inc., Genentech Inc., Reynolds & Reynolds Co., Partner RE Holdings Ltd., Time Warner Inc., General Electric Co., SmithKline Beecham plc, ACE					

(3) See explanation at page 4 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Ltd., E.I. DuPont De Nemours & Co., General Mills Inc., News Corp. Ltd, Vanguard Cellular Systems Inc. Enron Oil & Gas Co., Enserch Corp., Seagull Energy Corp., Wells Fargo & Co., Crescent Real Estate Equities Trust, Milwaukee Land Co., Genzyme Corp., International Business Machines Corp., American International Group Inc. and Komag Inc.					
Market Street Venture Trust I - Delaware business trust - investments include: Pierpont Money Market Fund, Market Street Fixed Income Trust I (see holdings listed above - share 9.6%), Paul Capital Partners Venture Limited Partnership (investments in portfolio companies at September 30, 1997 including: Fuel Tech, Kentek Information Systems, Inc., Metricom, Inc., Westbrae, Inc., Advent Industrial Holdings Ltd., EDAP International SA, Far West Federal Bank, S.B., Home Diagnostics, Inc., MPCT Solutions Corp., Magni Systems, Inc., Microsource, Inc., Microwave Technologies, Inc., NetSolve, Inc., Oxford Glycosciences plc, Senn Electronics (s) Pre. Ltd., Sherpa Systems Corporation, Visual Edge Technology, Voysys, Surtech International LTD, Ven-Sed I, 4C Ventures L.P., Financiere Tuileries Holdings, LLC, Philadelphia Ventures - Japan I, LP, Philadelphia Ventures - Japan II, LP, Venture Investment (Singapore) II, LTD., and Wireless Access), Ashford Capital Partners Limited Partnership (investments in portfolio companies including: International Speedway Corp., Central Packing Co., Aaron Rents, Inc., Ambassadors International Inc., American Software Inc., CMG Information Services Inc.,					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Harbinger Corp., NFO Research Inc., Norrell Corp., Davel Communications Group, Kaiser Ventures Inc., Actel Corp., Aetrium Inc., American Power Conversion Corp., Computer Products Inc., Cytyc Corp., Kronos Inc., Littlefuse Inc., Sheldahl Co., Triad PK, LLC., Vitesse Semiconductor Co., Miller Industrial Inc., Sirrom Capital Corp., American Coin Merchandising, Triangle Pacific Corp., Inhale Therapeutics System, Resprionics Inc., Metals USA Inc., Theragencis Corp., Novametrix Med. Systems Inc., Perseptive Bio-systems, Transition Systems Inc., Newpark Resource Inc., Parrallel Pete Corp. Del., Daily Journal Corp., Cousins Properties Inc., Westpoint Stevens Inc., Litchfield Financial Group, BHI Corp., Biotechnology Inv., Harry's Farmers Market Inc., Sepracor Corp., Western Water Service, Mecklermedia Corp., Electronic Processing Inc., CSG Systems Int'l Inc., Amresco Inc., Medallion Financial Corp., Keystone Automatovie Industries, Penske Motorsports Inc., Premier Pks Inc., Poe & Brown, Inc., Amor Holdings Inc., Cybex Int'l Inc., and Rodney Square Market), and Boston Capital Ventures III Limited Partnership (investments in portfolio companies including: American Auto Funding Corp. - Chicago, IL, Child Health Systems, Inc. - Westwood, MA, The International Cornerstone Group Inc. - Boston, MA, Exa Corp. - Lexington, MA, Revelation Technologies, Inc. - Cambridge, MA, Advertising Communications International, Inc. - Cambridge, MA, Brooks Fiber Properties, Inc. - St. Louis, MO, Healthcare First, Inc. - Upper Newton Falls, MA, ILEX Oncology, Inc. - San Antonio, TX, Sensitech Inc. -					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Beverly, MA, UniSite, Inc. - Richardson, TX , SCC Communications, Inc. - Boulder, CO, ConXus Communications, Inc. - Greenville, SC, FreeMark Communications, Inc. - Cambridge, MA, GRASP Information Corp. - Cambrdige, MA, Intellon Corp. - Ocala, FL, MedSpan, Inc. - Hartford, CT, Olympus Healthcare Group, Inc. - Westborough, MA, Omnia, Inc. - Blue Bell, PA, Teletrac, Inc. - Leawood, KS, Vertex Technologies, Inc. - Cincinnati, OH, Brand Direct Marketing, Inc. - Wilton, CT, Conservation Tourism, Ltd. - San Jose, Costa Rica, Health Advance Institute, Inc. - Peoria, IL, MGC Communications, Inc. - Las Vegas, NV, 21st Century Cable, Inc. - Chicago, IL, Vectrix Corp. and Verio, Inc. - Englewood, CO) (share 3.28%)	H	(3)			
Market Street Venture Trust II - Delaware business trust - investments include: Pierpont Money Market Fund, Market Street Fixed Income Trust I (see holdings listed above - share 1.14%), Blue Rock Capital Limited Partnership (investments in portfolio companies including: Momentum Partners, Inc., The Edison Project, L.P., Inc., Sarnoff Digital Communications, Integrated Chipware, Inc., SegWay Internet Technologies, Inc., MWD, Inc., MIDAS Vision Systems, Inc. and Sovereign Hill Software, Inc.), Baker Communications Fund Limited Partnership (investments in portfolio companies including: Virtual Resources, Inc. and FWT Acquisition, Inc.) and Oxford Bioscience Partners II Limited Partnership (investments in portfolio companies including: Cardiopulmonary, Ceres, BioCode, Inc., Netgenics, Inc., Variagenics, Inc. and Guidestar Health Systems) (share 2.89%)	E	(3)			

(3) See explanation at page 4 of 23

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Partnerships:					
Corning Associates VC-3, investment in venture capital partnership (share - 3.55% /.045%**): Abbingdon Venture Partners LP-III, managed by the Foster Management Co., King of Prussia, PA; organized to invest in companies primarily in the health services industry	D	(2)			
Real Estate:					
Residence (occupied by the Congressman), Washington, DC	I				
Other:					
Corning Incorporated - common stock	J				
Demand notes receivable from Amory Houghton Jr.	G				
Mortgage receivable from Amory Houghton III	I				
Principal cash - interest bearing (J.P. Morgan Delaware)	E				
Income cash - interest bearing (J.P. Morgan Delaware)	D				
Other cash - interest bearing (J.P. Morgan Delaware)	J				
Harbor International Fund - equity mutual fund, Toledo OH	F				
Grantham, Mayo, Van Otterloo & Co. (GMO) Emerging Markets Fund - mutual fund, Boston, MA	F				
GMO International Core Fund - mutual fund, Boston, MA	F				
GMO International Small Companies Fund - mutual fund, Boston, MA	E				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL	G				
Newport Tiger Fund - mutual fund, San Francisco, CA	E				
Longleaf Partners Fund - mutual fund, Kansas City, MO	F				
Brandywine Fund - mutual fund, Milwaukee, WI	E				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	G				
Dividend receivable, Morgan Stanley Emerging Markets Portfolio - mutual fund	C				
Dividend receivable, Harbor International Fund - equity mutual fund	C				

--**-- See explanation at page 3 of 23.
(2) See explanation at page 3 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Dividend receivable, Vanguard Extended Market Portfolio - mutual fund	C				
Dividend receivable, Longleaf Partners Fund - mutual Fund	C				
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	VI	
Holdings consist of:					
Trusts (see holdings listed above):					
Market Street Fixed Income Trust I (share - .99%)	I	(3)			
Market Street New York Municipal Bond Trust (share - 17.33%)	I	(3)			
Market Street Equity Trust II (share - .73%)	G	(3)			
Market Street Equity Trust III (share - 3.08%)	H	(3)			
Market Street Equity Trust I (share - 1.29%)	F	(3)			
Market Street Venture Trust I (share - 2.10%)	G	(3)			
Market Street Venture Trust II (share - 2.59%)	E	(3)			
Partnerships:					
Corning Associates VC-3 (see holdings listed above) (share 1.58%/.02%**)	D	(2)			
Market Street Trust Company Investment Partnership I, invested in JPM 1996 Alpha, LLC partnership (share 5.61%/.32%**): JPM 1996 Alpha LLC, managed by J.P. Morgan D.E.; organized to diversify in low basis stocks (investments include: AT&T Corp. Campbell Soup Co., Compaq Computer, Corning Inc., du Pont de Nemours, Eli Lilly & Co., Enron Corp., International Flavors, Lucent Technologies, McDonnel Douglas, Sun America Inc., United Asset Management and Midland Preferred Stock)	H	(2)			
Other:					
Corning Incorporated - common stock	J				

** See explanation at page 3 of 23.
(2) See explanation at page 3 of 23.
(3) See explanation at page 4 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Mortgage receivable from Katherine Q. Houghton	F				
Principal cash - interest bearing (J.P. Morgan Delaware)	E				
Income cash - interest bearing (J.P. Morgan Delaware)	C				
Other cash - interest bearing (J.P. Morgan Delaware)	I				
Harbor International Fund - equity mutual fund, Toledo, OH	F				
Grantham, Mayo Van Otterloo & Co. (GMO) Emerging markets Fund - mutual fund, Boston, MA	D				
GMO International Core Fund - mutual fund, Boston, MA	F				
GMO International Small Companies Fund - mutual fund, Boston, MA	C				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL	G				
Newport Tiger Fund - mutual fund, Kansas City, MO	E				
Longleaf Partners Fund - mutual fund, Kansas City, MO	E				
Brandywine Fund - mutual fund, Milwaukee, WI	D				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	E				
Dividend receivable, Morgan Stanley Emerging Markets Portfolio - mutual fund	C				
Dividend receivable, Harbor International Fund - equity mutual fund	C				
Elisabeth Houghton Trust 12/10/34 - (interest in 1/15 income only)			Trust	VII	
Holdings consist of:					
Trusts (see holdings listed above):					
Market Street Fixed Income Trust I (share - .64%)	H	(3)			
Market Street Equity Trust I (share - .52%)	E	(3)			
Market Street Equity Trust II (share - .26%)	F	(3)			
Market Street Equity Trust III (share - .44%)	E	(3)			
Market Street Venture Trust I (share - .60%)	E	(3)			
Market Street Venture Trust II (share - .52%)	C	(3)			

(3) See explanation at page 4 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Partnerships (see holdings listed above):					
Corning Associates VC-3 (share 629%/ 008%**)	C	(2)			
Market Street Trust Company Investment Partnership I (share 1.13%/.06%**)	F	(2)			
Other:					
Corning Incorporated - common stock	I				
Principal cash - interest bearing (J.P. Morgan Delaware)	C				
Income cash - interest bearing (J.P. Morgan Delaware)	C				
Other cash - interest bearing (J.P. Morgan Delaware)	H				
Harbor International Fund - equity mutual fund, Toledo, OH	D				
Grantham, Mayo Van Otterloo & Co. (GMO) Emerging markets Fund - mutual fund, Boston, MA	D				
GMO International Core Fund - mutual fund, Boston, MA	D				
GMO International Small Companies Fund - mutual fund, Boston, MA	D				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL	E				
Newport Tiger Fund - mutual fund, San Francisco, CA	C				
Longleaf Partners Fund - mutual fund, Kansas City, MO	E				
Brandywine Fund - mutual fund, Milwaukee, WI	C				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	E				
Sidney Cole Trust U/W A.B. Houghton12/10/34 - (interest in 1/8 income only; new in 1997)			Trust	V	
Holdings consist of:					
Trust (see holdings listed above):					
Market Street Fixed Income Trust I (share - .16%)	F	(3)			
Market Street Equity Trust I (share - .16%)	D	(3)			
Market Street Equity Trust II (share - .29%)	F	(3)			
Market Street Equity Trust III (share - .06%)	C	(3)			

**. See explanation at page 3 of 23.
(2) See explanation at page 3 of 23.
(3) See explanation at page 4 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Market Street Venture Trust I (share - .18%)	C	(3)			
Market Street Venture Trust II (share - .14%)	B	(3)			
Partnerships (see holdings listed above):					
Corning Associates VC-3 (share .193%/.002%**)	B	(2)			
Other:					
Corning Incorporated - common stock	F				
Principal cash - interest bearing (J.P. Morgan Delaware)	B				
Other cash - interest bearing (J.P. Morgan Delaware)	E				
Harbor International Fund - equity mutual fund, Toledo, OH	C				
Grantham, Mayo Van Otterloo & Co. (GMO) Emerging markets Fund - mutual fund, Boston, MA	B				
GMO International Core Fund - mutual fund, Boston, MA	B				
GMO International Small Companies Fund - mutual fund, Boston, MA	B				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL	C				
Newport Tiger Fund - mutual fund, San Francisco, CA	B				
Longleaf Partners Fund - mutual fund, Kansas City, MO	B				
Brandywine Fund - mutual fund, Milwaukee, WI	B				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	C				
John C. Dewey Jr. Trust - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	VI	
Holdings consist of:					
Common stock:					
Abbott Labs	D				
American Home Products Corp.	D				
Amp Inc.	C				
Atlantic Richfield Co.	C				
Beacon PPTYS Corp.	C				
Bellsouth Corp.	D				

--**-- See explanation at page 3 of 23.
(2) See explanation at page 3 of 23.
(3) See explanation at page 4 of 23.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Chevron Corp.	E				
Coca Cola Co.	F				
CPC International Inc.	D				
FPL Group Inc	E				
General Electric Co.	F				
Hewlett Packard Co	D				
Imation Corp. (sold in 1997)	A				
International Flavors & Fragances Inc.	D				
MBIA Inc.	D				
Minnesota Mining and Manufacturing Co.	E				
National City Corp.	E				
New England Electric	D				
Norfolk Southern Corp.	C				
Reuters Holding plc	E				
Schering Plough Corp.	E				
Thermo Electron Corp.	C				
York International Corp. (sold in 1997)	A				
U.S. Government Obligations:					
Treasury notes (matured in 1997)	A				
Other					
Federated Government Tax Managed Fund, Pittsburgh, PA	C				
Talbot Dewey Trust 11/20/80 - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	III	
Holdings consist of:					
Common stock:					
American International Group	D				
American Home Products Corp.	D				
Automatic Data Processing Inc.	C				
Exxon Corp	D				
FPL Group Inc.	D				
Imation Corp. (Sold in 1997)	A				
Intel Corp.	C				
Interpublic Group Consulting Inc.	C				
Minnesota Mining and Manufacturing Co.	D				
Sherwin Williams Co	C				
Wachovia Corporation	D				
U.S. Government Obligations:					
Treasury notes	C				

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Other:					
Federated Government Tax Managed Fund, Pittsburgh, PA	B				

SCHEDULE IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Brandywine Fund - mutual fund	Purchase	2/4/97, 10/27/97	B
Newport Tiger Fund - mutual fund	Sale	10/22/97	B
Twentieth Century Ultra Investors - mutual fund	Sale	1/24/97	B
NovaCare - common stock	Gift (4)	12/18/97, 12/23/97	E
Proctor & Gamble - common stock	Gift (4)	12/23/97, 12/29/97, 12/30/97	H
Covance Inc. - common stock	Transfer (5)	1/17/97	F
	Sale	3/14/97, 3/17/97, 3/19/98 6/6/97	G
Quest Diagnostics Incorporated - common stock	Transfer (5)	1/17/97	D
	Sale	3/14/97, 3/17/97, 3/18/97, 3/19/97, 5/5/97, 5/30/97	F

Market Street Equity Trust (MSET II) - During 1997, the Trust sold an equity interest in Automatic Data Processing (Category F), Cendant Corp. (Category G), Gillette Co. (Category G), Intel Corp. (Category G), Coca Cola (Category H), Microsoft Corp. (Category H), Pfizer Inc. (Category H), Proctor & Gamble Co. (Category H), purchased equity investments in Cisco Systems Inc. (Category G), CUC International Inc. (Category G), First Data Corp. (Category G), Johnson & Johnson (Category H), Monsanto Co. (Category H), Pfizer Inc. (Category G), Stryker Corp. (Category G) and exchanged equity investment in CUC International Inc. (Category H) for Cendant Corp. (Category H). No other reportable transactions given the marginal personal investment in MSETII is less than ¼ of 1% and the Congressman's direct interest in various other purchases or sales was below the $1,000 reporting threshold.

SCHEDULE V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Notes Payable	F
Chase Manhattan Bank N.A., Corning, NY	Notes Payable on 76-78 East Market Street investment property	F

(4) Gifts to qualified charitable organizations.

(5) On January 17, 1997, Corning Incorporated distributed shares of Covance Inc. and Quest Diagnostics Incorporated to its stockholders as a result of a spin-off. These shares were subsequently sold.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Source	Dates	Point of Departure Destination Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was family member included? (Y/N)	Any time not at Sponsor's Expense? (Y/N)
Aspen Institute - Bipartisan congressional gathering	March 7-9	Washington, DC Hershey, PA Washington, DC	Y	Y	N	N
Aspen Institute - Conference on The Convergence of U.S. National Security and the Global Environment	March 31-April 5	Boston, MA Lanai, HI Washington, DC	Y	Y	N	N
Corning Incorporated - Conference on Public Policy Issues	October 31-November 2	Washington, DC Augusta, GA Washington, DC	Y	Y	N	N
Elliott School of Internal Affairs, The George Washington University - U.S./ Japan Legislative Exchange Program	November 12-19	Washington, DC Okinawa, Japan Washington, DC	Y	Y	N	Y (Nov. 18-19)

SCHEDULE VIII - POSITIONS

Non-Profit Affiliations:
- The Meadows Charitable Trust - Trustee
- The Houghton Foundation - Trustee
- The Washington Cathedral Chapter - Inactive Trustee
- Corning Chamber of Commerce - Member
- Corning Museum of Glass - Trustee

Director:
- Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Acorn IV where he serves as a general partner.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1997 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans	Benefits received in accordance with normal plan provisions (monthly).
2/87	Corning Incorporated (former employer)	Transportation benefits - any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC if in excess of $600. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

RECEIVED

98 MAY 15 PM 5:24

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

STENY HAMILTON HOYER
(Full Name)

1705 LONGWORTH HOB, WASHINGTON, D.C. 20515
(Mailing Address)

202-225-4131
Daytime Telephone

HAND DELIVERED
MC
(Office Use Only)

5

Filer Status	[X] Member of the U S House of Representatives	State MD District 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C. app. 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/98

1770

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Judith Pickett Hoyer - Prince George's Co. Board of Education	Spouse Salary	NA
	Law Office - Steny H. Hoyer (attributed pre '91 legal fees for services rendered prior to 12/31/90		$6,000.00

For payments to charity in lieu of honoraria, use Schedule II.

STENY HAMILTON HOYER
Name

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties												
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	Keogh - Legg Mason						X															NA										
	Mass Cash Mgmt		X																				X									
	Md. State Retirement			X																		NA										
	Legg Mason			X												X								X								
	Cong. Federal Credit Union			X												X							X									

For additional assets and unearned income, use next page.

Name: STENY HAMILTON HOYER

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Kennedy School of Government	11/20-24	Wash.,DC-London-Wash.,DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	U. of M. Chancellor's Advisory Council
Member	U. of M. School of Public Affairs, Brd of Visitors
Member	St. Mary's College Board of Trustees
Member	Baltimore Council of Foreign Affairs
Member	Naval Academy Board of Visitors

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED

98 MAY 15 AM 11:23

MC (Office Use Only) (6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Kenny Charles Hulshof
(Full Name)

1411 Bouchelle Ave.
(Mailing Address)

Columbia MO 65201

Daytime Telephone: 573/874-1682

Filer Status [X] Member of the U.S House of Representatives — State: MO District: 09 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app. 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 14, 1998

1775

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Vangel Associates	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Kenny Charles Hulshof | **Page** 3 **of** 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Moberly High School	Graduation Address	6/1/97	$250.00
KMart	Appearance/Race	9/10/97	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples*	SP Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank or Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	MO State Employees Retirement System (MOSERS)	$1,001 - $15,000	Dividends	None	
SP	Twentieth Century Investment	$1,001 - $15,000	Dividends	None	
JT	NationsBank, Columbia, MO Accounts	$1,001 - $15,000	Interest	$201 - $1,000	

Name Kenny Charles Hulshof	Page 5 of 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	First USA Visa	Charge Account	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Aspen Institute	3/7 - 3/9/97	Washington, DC - Hershey, PA - Washington, DC	Y	Y	Y	NA

1781

98 MAY 14 PM 4:42

CLERK OF THE HOUSE OF REPRESENTATIVES

RECEIVED

MC (Office Use Only) (1)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

DUNCAN LEE HUNTER
(Full Name)

2265 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-5672

Filer Status [X] Member of the U.S. House of Representatives — State District [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Duncan Lee Hunter **DATE** (Month/Day/Year) 5/14/98

Name DUNCAN LEE HUNTER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C								Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP	Mega Corp Stock			X								X										X									P
DC			Simon & Schuster	Indefinite																Royalties									X				
JT			1st Bank of Paducah, KY accounts				X									X									X								
JT	House, Walney Rd, Chantilly VA							X						X											X								
JT	Stable/Barn, Chantilly, VA				X									NONE							X												
	27 Acres, Warren Cty, VA				X									NONE							X												2 Acres
	Cabin #2, Warren County, VA				X									NONE							X											S	
JT	5/8 Acre Lot, Riverside, CA				X									NONE							X												
	Cabin, Warren County, VA				X									NONE							X											S	

For additional assets and unearned income, use next page.

Name	Page 3 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Congressional Fed Credit Union, Wash, DC	Personal Loan	X									
JT	Nations Bank, Industry City, CA	Mortgage/Chantilly, Va House			X							
	I Moskey, Sterling, VA	Loan-Warren Cty, Mountain Acrs.		X								
JT	Bank of Coronado, Coronado, CA	Personal Loan	X									
JT	Valley de Oro Bank, El Cajon, CA	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name DUNCAN LEE HUNTER | Page 4 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	AT&T Credit Card	Revolving Credit Card	X									
JT	Nationsbank of Delaware	Revolving Credit Card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE IV — TRANSACTIONS

Name DUNCAN LEE HUNTER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Cabin, Warren County, Blue Ridge Mtns, VA		X		9/12/97			X							
	2 Acres, Warren County, Blue Ridge Mtns, VA		X		9/12/97		X								

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash , D C.—Chicago—Wash , D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Congressional Retreat	Mar7-9	DC-Hershey, PA-DC	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Co-Chairman	National Security Caucus
Board Member	American Conservative Union
Partner	Cabin #2 with Pete Geren & Al Tierney in Blue Ridge Mtns, Warren Cty, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
93 MAY 15 AM 8 52

MC INSIDE MAIL (1)
(Office Use Only)

William Asa Hutchinson
(Full Name)

1108 AdelaideAvenue
(Mailing Address)

Fort Smith AR 72901

Daytime Telephone (202) 225-4301

Filer Status	[X] Member of the U S House of Representatives	State AR District 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/98

1788

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fort Smith Public Schools	Spouse Salary - Substitute Teacher	NA
	Charles Karr, Attorney-at-Law, Ft. Smith - Fees were for service rendered in 1996, prior to service in Congress	Gross Fees	$16,160.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	KMart Kids Race Against Drugs Capital Hill Challenge (Note: The Kmart Family Foundation donated directly to Arkansans for Drug Free Youth, 2020 W 3rd, Little Rock, AR.)	Appearance	October 1997	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	National Travelers Life Insurance-Annuity Fund	$1,001 - $15,000	Interest	$201 - $1,000	
JT	First National Bank, Ft. Smith-IRA & Checking	$1,001 - $15,000	Interest	$1 - $200	
	City National Bank, Ft. Smith-Checking	$1 - $1,000	Interest	$1 - $200	
	Hutchinson for Senate '86 Loan Receivable-No Interest	$15,001 - $50,000	na	None	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	City National Bank, Ft. Smith	Promissory Note	$15,001 - $50,000
	First National Bank, Ft. Smith	Promissory Note-Personal	$15,001 - $50,000
	MBNA, Wilmington, Delaware	Personal Loans	$15,001 - $50,000
	American Express	na	$15,001 - $50,000
	First National Bank, Ft. Smith	Promissory Note-Business	$10,001 - $15,000
	Capital One	Personal Loan	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D.C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute	March 7-9	DC-Hershey-DC	Y	Y	Y	None
The Heritage Foundation	January 9-11	DC-VA-DC	Y	Y	N	None
American Israel Education Foundation	August 25-September 2	FSM-Tel Aviv-DC	Y	Y	Y	None

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
12/31/96	Charles Karr	Agreement on Termination of Hutchinson & Karr Partnership regarding payout for legal fees earned but not collected before termination.

RECEIVED
98 MAY 14 PM 12:56
HAND DELIVERED
(Office Use Only)

5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Henry J. Hyde
(Full Name)

2110 Rayburn HOB,
Washington, DC 20515
(Mailing Address)

202 225-4561
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State: Illinois District: Sixth	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Henry J. Hyde

DATE (Month/Day/Year) 5-15-98

Name	Henry J. Hyde	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement	Legislative Pension	$6,277.92

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
The Association of Manufacturing Technology, McLean, VA	Speech	Feb. 4, 1997	$1,000.00
Minnesota Family Council, Minneapolis, MN	Speech	Feb. 18, 1997	$1,500.00
Coleman/Bartlett Focus Group, Lake Forest, IL	Speech	Mar. 4, 1997	$1,000.00

This page may be copied if more space is required.

Name Henry J. Hyde

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	Congressional Federal Credit Union, Wash.DC					X										X									X							
	White House Federal Credit Union, Wash. DC (IRA)				X											X						N/A - IRA										

For additional assets and unearned income, use next page.

Name Henry J. Hyde | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aelle Parliamentary Observatory	Nov 23-28 1997	Chicago-Rome-Chicago	Y	Y	N	N

This page may be copied if more space is required.

98 MAY 14 PM 5:36

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Robert Durden Inglis
(Full Name)

461 River Road Travelers Rest, SC 29690
(Mailing Address)

202/225-6030
Daytime Telephone

HC (Office Use Only) (3)

Filer Status: [X] Member of the U.S. House of Representatives — State District SC 04 [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability over $10,000 during the reporting period? **If yes, complete and attach Schedule V** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS. Did you exclude Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed? Did you exclude from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION. Did you exclude from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for an "exemption"? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written request. It will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/98

1800

Name Robert D. Inglis | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you are married, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) on the joint tax return on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income. For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction. Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A	Block B	Block C	Block D	Block E
SP [illegible] Mega Corp. Stock	$100,001 – $250,000	DIVIDENDS: X	$50,001 – $100,000	P
DC [illegible] Simon & Schuster	Indefinite	RENT	$1 – $200	P
JT [illegible] Bank of Oakwood KY accounts	$100,001 – $250,000	INTEREST: X	$5,001 – $15,000	P
1st Union Babk of SC (individual Acct holding the following assets):	$15,001 – $50,000			
Aim Value (Class B)	$50,001 – $100,000		NA	
Aim Global Utilities Fund B (frmrly Aim Utilities Fund ClassB)	$50,001 – $100,000		NA	
Van Kempen American Capital Equity Income Fund (Class B)	$50,001 – $100,000		NA	
GT Growth & Income Fund (Class B)	$50,001 – $100,000		NA	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Robert D. Inglis

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P S E
Carolina First Bank Savings Account			X												X						X											
Carolina First Bank Investment Checking			X												X						X											

This page may be copied if more space is required

RECEIVED
OFFICE OF CENTER
98 MAY 14 PM 1:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only) (6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Ernest James Istook, Jr. (Full Name)
6113 Inland
Warr Acres, OK 73132 (Mailing Address)

Home: (405) 722-3366
Ok. Ofc.: (405) 942-3636
DC Ofc.: (202) 225-2132
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State Oklahoma District Fifth	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Ernest J. Istook Jr.

DATE (Month/Day/Year) May 14, 1998

Name	Page
ISTOOK, Ernest James, Jr.	2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Columbia Presbyterian Hospital, 700 NE 13th, OKC, OK 73104	Spouse Salary (Registered Nurse)	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name: ISTOOK, Ernest James, Jr.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	Office Furnishings & Equipment from Fraser Law Offic, Stoe N. Grand & 6113 Inland, Lake			X																	X											
	IStook & Associates, P.C., stock			X																	X											
JT	First Fidelity Bank, Wars Aters, GA			X																		X										
JT	Heinz - 6113 Inland, Wars Aters, OH Scudder Japan Fund Inc						X														X											
	IRA Account - Boston, MA	X															X				X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: ISTOOK, Ernest James, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	The following are holdings of self-directed retirement plan of Istook & Associates, P.C.:																															
	Bank One (formerly Liberty Nat'l Bank) Oklahoma City, OK				X											X							X									
	Judy McKinney - Bethany, OK Prom. Note & Mtg.				X											X					X											
	Ron, Pam, Aaron & Julie Keeling Chandler & Depew, OK Prom. Note & Mtg.				X											X					X											
	Ernest & Judy Istook - West Allis, OK Prom. Note & Mtg.					X										X					X											

This page may be copied if more space is required.

Name: ISTOOK, Ernest James, Jr.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	MBNA America Wilmington, DE	Revolving Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination an personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President & Director	Istook & Associates, P.C., Oklahoma City, OK

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

98 MAY 14 AM 10: 33

CLERK
REPRESENTATIVES

HAND DELIVERED

(9)

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Jesse L. Jackson Jr.
(Full Name)

2559 E. 72nd Street
Chicago, IL 60649
(Mailing Address)

(202) 225-0773
Daytime Telephone

Filer Status
[X] Member of the U S House of Representatives — State Illinois District 2nd
[ ] Officer or Employee — Employing Office

Report Type
[X] Annual (May 15)
[ ] Amendment
[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app. 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Jesse L. Jackson Jr.

DATE (Month/Day/Year) 5-13-98

1809

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
Sandra Jackson :			
	US Information Agency	Spouse Salary	$41,473
	Pres. Inauguaral Committee	Spouse Salary	$3,692

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash , D C	Speech	Feb 2, 1997	$2,000
Examples XYZ Magazine	Article	Aug 13, 1997	$500
JEOPARDY	Appearance	Nov. 1, 1997	$2,000
(Olive Harvey College received $1,000)			
(Prairie State College received $1,000)			

This page may be copied if more space is required.

Name Jesse L. Jackson Jr. | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp Stock					X								X										X								P
DC, JT	Examples: Simon & Schuster				Indefinite															Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	MFS Research				X									X			X							X								
	MFS Total Return				X									X			X								X							
	Putnam New Opportunities				X									X			X						X									
	Putnam New Value				X									X			X							X								
	Putnam Voyager				X									X			X							X								
	Putnam Equity Income				X									X			X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jesse L. Jackson Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	Putnam Growth & Income	D	DIVIDENDS, CAPITAL GAINS	V	
	Putnam Growth & Income II	E	DIVIDENDS, CAPITAL GAINS	VI	
	Putnam Diversified Income	D	DIVIDENDS, CAPITAL GAINS	IV	
	Putnam Tax Free High-Yield	D	DIVIDENDS	II	
	Putnam Municipal	E	DIVIDENDS	II	
	Putnam Tas Free Insured	D	DIVIDENDS, CAPITAL GAINS	II	
	Put. Cap. App. (SEP-IRA)	D	DIVIDENDS, CAPITAL GAINS	III	
	Put. AA Growth (SEP-IRA)	E	DIVIDENDS, CAPITAL GAINS	VI	
SP	American Funds - ICA (IRA)	D	DIVIDENDS, CAPITAL GAINS	V	
SP	Putnam AA Growth (SEP-IRA)	C	DIVIDENDS, CAPITAL GAINS	II	
SP	John Han. Spec. Eq. (IRA)	C		I	
	Putnam Money Market	A	DIVIDENDS	III	
	Congressional FCU (Checking)	C	INTEREST	III	
	Congressional FCU (Saving)	C	INTEREST	IV	
SP	Congressional FCU (Checking)	A	INTEREST	II	
SP	Congressional FCU (Saving)	B	INTEREST	II	
	Thrift Savings Plan	B			

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Jesse L. Jackson Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	Putnam Equity Income	X			various	X									
	Putnam Growth & Income II	X			various		X								
	Putnam Money Market			X	various		X								
	Putnam New Opportunities			X	various	X									
	Putnam New Value			X	various	X									
	Putnam Voyager			X	various	X									
SP	American Funds - ICA	X			various	X									

This page may be copied if more space is required.

Name Jesse L. Jackson Jr.

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	New Yorker Magazine (Member paid for airfare personally, sponsor paid for lodging & food)	Oct. 14-15	Chicago-Orlando,FL- Chicago	Y	Y	N	N
	N.C. A&T University	May 9-10, 97	Chicago-Greensboro, NC-Chicago	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 JUN 12 PM 12: 18

Sheila Jackson Lee
(Full Name)

4428 N. Roseneath 77021
(Mailing Address)

(202) 225-3816
Daytime Telephone

HAND DELIVERED (6)
MC
(Office Use Only)

Filer Status	[✓] Member of the U.S. House of Representatives	State Texas District 18E	[ ] Officer or Employee	Employing Office
Report Type	[✓] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [✓]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [✓]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [✓]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [✓]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sheila Jackson Lee

DATE (Month/Day/Year): June 11, 1998

1818

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	University of Houston (State of Texas employee - Additional Records still being compiled	Spouse Salary	n/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP	Mega Corp. Stock	X (E)	X DIVIDENDS		P
DC	Simon & Schuster	Indefinite (C)	Royalties (Other Type of Income)		
JT	1st Bank of Paducah KY accounts	X (F)	X INTEREST	X (IV)	
	First Investors Fund for Income	X (C)	X DIVIDENDS		
SP	Metropolitan Life	X (G)	N/A INTEREST, CAPITAL GAINS		
	City of Houston (Filer Pension)	not yet finalized	N/A INTEREST, CAPITAL GAINS		
DC	Bellfort SDA Church Bonds (Erica Lee)	X (A)			
DC	Bellfort SDA Church Bonds (Jason Lee)	X (A)			
	Occidental Petroleum	X (A)	X DIVIDENDS		

For additional assets and unearned income, use next page.

1820

Name Sheila Jackson Lee | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Nations Bank of Texas (Dallas, Texas)	Unsecured Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Sheila Jackson Lee | Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Records are still being reviewed - none determined at this point							

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Spouse - Director	Third Ward Redevelopment Corp. Houston, Texas (non-profit)
Vice-President	University of Houston 4800 Calhoun Houston Texas 77004
Spouse - Director	Consumer Credit Counseling
Advisory Board	Houston Grand Opera; Spaulding For Children
Advisory Board	Houston Children's Museum; Oakwood College Huntsville, Ala
Director	Institut Cultural de Mexico - Houston, University of Houston School of Law

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A

For use by Members, officers, and employees

RECEIVED

98 MAY 20 AM 11: 12

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9) MAY 15 1998 mc
(Office Use Only)

William Jennings Jefferson
(Full Name)

240 Cannon House Office Building
(Mailing Address)

(202) 225-6636
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State LA District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William J. Jefferson

DATE (Month/Day/Year): 05/15/98

1824

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The A Group Inc.	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transactio

Indicate if asset was purchased (P), sold (S or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	DC Simon & Schuster		Indefinite																	Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X										X						
	Residential Rental Prop. Rt. 3 Box 26 Lake Prov LA				X										X							X										
	Farmland-40 acres Rt 3Box26 Lake Prov. LA					X									X									X								
	Farmland-50 acres Rt 3Box26 Lake Prov. LA			X											X							X										
	Jefferson, Bryan & Jupiter et al,(shs in corp)							X								X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Jefferson

BLOCK A Asset and/or Income Source (SP, DC, JT)	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
Jefferson For Mayor Campaign Committee, Loan Receivable							X													X											
Jefferson Interests, Loan Receivable							X													X											

Name William J. Jefferson

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-97		X								
	Strong Schaefer Value Mutual Fund	X			10/20/97	X									
	Vanguard Group Fund	X			12/3/97	X									
	Dreyfus Small Company Value Fund	X			12/27/97	X									
	Pan American Silver	X			11/24/97	X									
	Showbiz Pizza	X			12/5/97	X									
	Cisco Systems	X			12/22/97	X									
	Capital Security	X			11/24/97	X									
	RMCI	X			11/24/97	X									

This page may be copied if more space is required.

Name William J. Jefferson | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First NBC, New Orleans, LA	Unsecured		X								
	Hibernia National Bank, New Orleans,	LA Secured	X									
	Wright Patman Credit Union	Secured		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute and The Aspen Institute	Mar.7-9	Hershey, PA	Y	Y	Y	N
	National Association of Investment Companies	Oct.21-26	Puerto Rico	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None during reporting period	
	See 1990 Disclosure Form	
	for Prior Agreement	

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members officers and employees

RECEIVED
98 JUN -5 AM 11:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(3)

JUN - 1 1998

MC

(Office Use Only)

William Jennings Jefferson
(Full Name)

240 Cannon House Office Building
(Mailing Address)

(202) 225-6636
Daytime Telephone

Washington, DC 20515

Filer Status: [X] Member of the U.S. House of Representatives — State: LA District: 02 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/15/98

1833

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Jefferson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Jefferson For Mayor Campaign Committee, Loan Receivable						X													X											
	Jefferson Interests, Loan Receivable							X												X											
	Strong Schaefer Fund			X										X								X									P
	Vanguard Group Fund			X										X							X											P
	Dreyfus Small Company Fund			X										X							X											P
	Pan American Silver			X										X							X											P
	Showbiz Pizza			X										X							X											P
	Cisco Systems			X										X							X											P
	Capital Security			X										X							X											P
	RMCI			X										X							X											P

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First NBC, New Orleans, LA	Unsecured		X								
	Hibernia National Bank, New Orleans, LA	1986 campaign loan	X									
	Wright Patman Credit Union	Secured/Automobile		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 JUN -5 AM 8:34

HAND DELIVERED

MC (Office Use Only)

10

William Lewis Jenkins
(Full Name)

767 McKinney Chapel Road, Rogersville, TN, 37857
(Mailing Address)

(423)272-3878
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives — State TN District 1st	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL William L. Jenkins

DATE (Month/Day/Year) 6-3-98

1836

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Tennessee Consolidated Retirement System	Legislative - Judicial Retirement	$24,343.00
	State of Tennessee Consolidated Retirement System	Spouses Teachers Retirement	3,105.00

For payments to charity in lieu of honoraria, use Schedule II.

Name William Lewis Jenkins	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
N/A			

This page may be copied if more space is required.

Name William Lewis Jenkins | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 - $1,000	C $1,001 - $15,000	E $15,001 - $50,000	F $50,001 - $100,000	G $100,001 - $250,000	H $250,001 - $500,000	I $500,001 - $1,000,000	J $1,000,001 - $5,000,000	K $5,000,001 - $25,000,000	L $25,000,001 - $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp Stock				X								X										X								P
DC	*Examples*		Simon & Schuster	Indefinite																	Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
JT	Building Main Street Rogersville, TN					X										X						X											
JT	Farm Land, Bray Road Rogersville, TN							X																									
JT	Farm Land - Old Mill Road Rogersville, TN							X																									
SP	Farm Land - Drew Haynes Road Rogersville, TN							X																									
JT	Farm Land - Highway 70 Rogersville, TN					X																											
SP	Farm Land - Webster Valley Rd Rogersville, TN								X																								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Lewis Jenkins

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Farm Land Off Highway 70 Rogersville, TN						X																								
JT	Cattle				X																										
JT	Farm Machinery				X																										
	1/2 remainder interest Farm land Hickory Cove, Rogersville TN					X																									
	Farm income from land, cattle, machinery (Gross income $19,315) (Net $306)																														
	Mountain Metals MFG Corp.			X										X										X							
SP	1st TN National Corporation						X							X											X						
SP	Exxon Corporation			X										X									X								
SP	Amoco Corporation				X									X									X								
	IRA - 1st Tennessee Bank Trust Dept. Trust Dept.																														
	Amoco Stock			X										X									X								
	Federated U.S. Treas. Oblig.				X											X								X							
	Vol. Bank Corp. Inc.				X									X							X										
	1st TN National Corp.								X					X												X					
SP	IRA - 1st Tennessee Bank Trust Dept.																														
	1st TN National Corp.						X							X										X							
	Fed. U.S. Treas. Oblig.			X												X							X								

This page may be copied if more space is required.

1840

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Lewis Jenkins

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
JT	Farm Checking Account																															
	1st TN Bank				X											X							X									
JT	Checking Account																															
	Citizens Bank			X												X						X										
	Savings Account																															
	Citizens Bank			X												X						X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name William Lewis Jenkins

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
SP	1st TN National Corporation		X		8-18-97	X									
	Mountain Metals Corporation(sold by IRA)		X		NOV. 97	X									
	Mountain Metals Corporation Stock (purchased)	X			NOV. 97	X									
	IRA - 1st TN Bank Trust Dept. purchased Federal U.S. Treasury Obligations 1-2, 1-3, 2-4, 3-4, 3-10, 4-1, 4-3, 4-10, 4-30, 5-2, 5-8, 6-3, 6-10, 7-1, 7-2, 8-4, 9-3, 9-10, 10-1, 10-2, 11-4, 11-12, 12-3 and 12-10	X			See Asset Description		X								
	Federal U.S. Treasury Obligations Matured 2-28, 6-2, 9-2 and 12-11		X		" "	X									
SP	IRA - 1st TN Bank Trust Dept. purchased Federal U.S. Treasury Obligations 1-2, 1-3, 2-4, 3-4, 4-1, 4-3, 5-2, 6-3, 7-1, 7-2, 8-4, 9-3, 10-1, 10-2, 11-4, and 12-3	X			See Asset Description	X									
	Federal U. S. Treasury Obligations Matured 2-28, 6-2, 9-2, and 12-11		X		" "	$429.									

This page may be copied if more space is required.

1842

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	1st Tennessee Bank	Deed of Trust on Property off Highway 70			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship) received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. Chicago— Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C. —Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	State of Tennessee - William Lewis Jenkins	Benefits received from Tenn. Consolidated Retirement System continued life and health insurance payments and coverage.

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY -7 PM 1:26

Christopher Charles John
(Full Name)

PO Box 971 Crowley, LA. 70527 (202)225-2031
(Mailing Address) Daytime Telephone

HAND DELIVERED (9)
MC
(Office Use Only)

Filer Status	I ☒ Member of the U.S. House of Representatives	State LA District 07	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Chris Charles John

DATE (Month/Day/Year): MAY 15, 1998

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	JOHN and JOHN TRAVEL, INC.	SPOUSE SALARY	13,200

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
Examples XYZ Magazine	Article	Aug. 13, 1997	$500
The Tobacco Institute	Speech	Sept 16, 97	2000.00

This page may be copied if more space is required.

Name Christopher John

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples	SP	Mega Corp Stock				X								X																		P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	John N. John Truck Line Inc								X							X						X											
	819 Northern Ave Crowley					X										X										X							
	1108 11th ST. Crowley, LA.				X											X									X								
	1224 Hwy 90 Crowley, LA.						X									X											X						
	1220 Hwy 90 Crowley, LA.				X											X											X						
	Evangeline Bank Crowley, LA.				X												X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher John

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
	John & John Travel Crowley, LA	X																			X											
	Big Drake Properties Crowley, LA							X							X											X						
	John John Farm Crowley, LA					X									X										X							
	New York Life IRA Crowley, LA			X										X									X									
	Kemper Retirement Baton Rouge, LA				X											X							X									
	Jones Partners Minneapolis, MN			X													X				X				X							

SCHEDULE IV — TRANSACTIONS

Name Christopher John

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–97		X								
	JOHN JOHN FARM INTEREST			X		12-22-97		X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	JOHN N. JOHN III, INC Crowley LA	PERSONAL LOAN		X								
	JOHN N. JOHN TRUCKLINE INC Crowley, LA.	PERSONAL LOAN			X							
	JOHN N. JOHN JR. INC Crowley, LA	PERSONAL LOAN			X							
	JOHN and JOHN TRAVEL Crowley, LA.	BUSINESS LOAN			X							
	EVANGELINE BANK Crowley, LA.	PERSONAL LOAN	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Christopher John | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Heritage Foundation	JAN 9-10	DC - Chantilly, VA - DC	Y	Y	N	N
	Winn Dixie Food Stores	JAN 17-19	BTR - JAX - DCA	Y	Y	N	N
	TransAtlantic Policy Network	April 4-6	DC - White Sulphur Springs VA - DC	Y	Y	Y	N
	Union Pacific Resources	July 8	LFT - Ft Worth Tx - DCA	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
		N/A

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
93 MAY 13 PM 4:33
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

Eddie Bernice Johnson
(Full Name)

2515 McKinney Avenue #1565
Dallas, TX 75201
(Mailing Address)

(214) 922-8885
(202) 225-8885
Daytime Telephone

Filer Status	[x] Member of the U S House of Representatives — State. District	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [x]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [x]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Eddie Bernice Johnson

DATE (Month/Day/Year) May 13, 1998

Name	Eddie Bernice Johnson	Page	of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
Examples XYZ Magazine	Article	Aug. 13, 1997	$500
K-Mart Family Foundation Donation to Dallas Black Academy of Arts and Letters	Participant in Program	Sept 10, 1997	$500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Eddie Bernice Johnson

Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp Stock				X								X							X									P
DC	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X						X								
	Mututal of America (401K)			X																	NA								
	Texas Federal Credit Union		X												X					X									
	US Savings Bonds		X												X						NA								
	Waterhouse Securties			X												X			X										
	EBJ & Associates											X									NA								

For additional assets and unearned income, use next page.

Name Eddie Bernice Johnson	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Texas	Legislative Pension	$18,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE IV — TRANSACTIONS

Name Eddie Bernice Johnson | Page of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–97		X								
	7514-7516 Olusta Drive Dallas, TX 75217 (duplex)		X				X								
	1300 S. Crystal Dr. #1005 Arlington, VA 22202 (Condominium)	X								X					
	Waterhouse Securities 1201 Elm Street; Dallas, TX 75270	X	X			X									

This page may be copied if more space is required.

Name	Page of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Eddie Bernice Johnson | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Association of Railroads	Apr. 4-6	Dallas-Palm Beach, Fla D.C.	Y	Y	N	N
	Louisiana State Nurses Association	Apr. 21-22	Dallas, Baton Rouge, LA D.C.	Y	Y	N	N
	Democratic National Business Council	Apr. 26-28	Dallas, Miami, Fla, DC	Y	Y	N	N
	American Nurses Association	May 4-5	Dallas, Salt Lake City, Utah, D.C.	Y	Y	N	N
	Chinese National Association	Dec. 15-21	Dallas, Taiwon, Dallas	Y	Y	Y	N

This page may be copied if more space is required.

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 14 AM 8 10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 13, 1998

Clerk of the US House of Representatives
Legislative Resource Center
B106 Cannon HOB
Washington, DC 20515

INSIDE MAIL

(2)

MC

Dear Sir or Madame:

Please accept this addendum to the 1997 Financial Disclosure Statement for:

Edie Bernice Johnson
1123 Longworth HOB
Washington, DC 20515

Thank You

Name Eddie Bernice Johnson | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute Bipartisan Retreat		March 7-9	Wash.,DC-Hershev,PA-DC	Y	Y	N	N

This page may be copied if more space is required.

COMMITTEES
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
AVIATION
SURFACE TRANSPORTATION
SCIENCE
SUBCOMMITTEES
ENERGY AND ENVIRONMENT
TECHNOLOGY
DEMOCRATIC DEPUTY WHIP
CONGRESSIONAL BLACK CAUCUS
SECOND VICE CHAIR

RECEIVED
98 JUN -9 PM 12:05

HAND DELIVERED

Eddie Bernice Johnson
Congress of the United States
30th District, Texas

PLEASE RESPOND TO
WASHINGTON OFFICE
1123 LONGWORTH BUILDING
WASHINGTON, DC 20515-4330
(202) 225-8885

DALLAS OFFICE
2515 MCKINNEY AVENUE
SUITE 1565
DALLAS, TX 75201
(214) 922-8885

IRVING OFFICE
1634 B WEST IRVING BOULEVARD
IRVING, TX 75061
(972) 253-8885

Email: Ejohnson@hr.house.gov
www.house.gov/ebjohnson/

June 8, 1998

Robin Carle, Clerk
U.S. House of Representatives
Legislative Resource Center
B-106, Cannon HOB
Washington, D.C. 20515

✓ (1)
MC

Dear Madame Clerk:

Pursuant to a conversation I had today, June 8, 1998 with Virginia Johnson of the House Committee on Standards of Official conduct, I am writing this letter to clarify certain matters pertaining to my Financial Disclosure Statement for Calendar Year 1997.

Due to an inadvertent oversight, I omitted from Schedule I a legislative pension from the State of Texas in the amount of $23, 000. I would request, therefore, that this constitute my amendment of Schedule I to reflect the legislative pension that I receive from the State of Texas. I also note that, as indicated on my disclosure statement for 1997, I have a Qualified Blind Trust that was approved by the House Committee on Standards of Official Conduct at the time of my first election to congress in 1992. In previous financial disclosure statements, I inadvertently checked the box indicating "NO" on the question of whether I had excluded information regarding a qualified blind trust. In fact, the "YES" box should have been checked and I request that this letter constitute an amendment to those forms. Finally, on May 14, 1998, I filed an addendum to my 1997 Financial Disclosure Statement to reflect a trip that I took to Hershey, Pennsylvania from March 7-9, 1997 that was sponsored by the Aspen Institute. I inadvertently neglected to sign the addendum and I request, therefore, that the information included in that addendum be incorporated by reference to this amendment.

Thank you for your consideration of the aforementioned matters.

Sincerely,

Eddie Bernice Johnson
Member of Congress

RECEIVED
98 MAY 15 PM 12: 33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

JAY W. JOHNSON
(Full Name)
1313 LONGWORTH, WASH D.C. 20003
(Mailing Address)
202-225-5665
Daytime Telephone

MC HAND DELIVERED (4)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: WI District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jay W. Johnson

DATE (Month/Day/Year) MAY 10, 1998

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	DONALDSON, LUFKIN JENRETTE SECURITIES (IRA)					X														IRA	NA											
	SAVINGS ACCNT 1ST SECURITY CREDIT UNION			X												X				SAVINGS ACCNT												
	1ST SECURITY CREDIT UNION PO BOX 8327 GREEN BAY WI 54308				X											X				CERTIFICATE OF DEPOSIT			X									S

For additional assets and unearned income, use next page.

1866

SCHEDULE IV — TRANSACTIONS

Name HON. JAY W. JOHNSON | Page 3 of 4

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	DONALDSON, LUFKIN, JENNETTE SECURITIES (JPM)		X		11/20/99 7/1/97		X								
	(NAME CHANGE FROM SECURA INVESTMENTS)														
	1ST SECURITY CREDIT UNION CERIFICATE OF DEPOSIT		X		7/1/97	X									

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER - BD OF DIRECTORS	EASTER SEAL SOCIETY OF WISCONSIN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED

98 MAY 15 PM 5:31

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Nancy Lee Johnson
(Full Name)

343 Cannon HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-4476

Filer Status	[X] Member of the U.S. House of Representatives — State: CT District: 6	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Nancy L. Johnson

DATE (Month/Day/Year): May 14, 1998

Name Nancy L. Johnson	Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Grove Hill Medical Center	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Nancy L. Johnson | Page 3 of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	Peoples Bank	Speech	July 14, 1997	$ 500
	Phi Kappa Educational Foundation	Speech	Feb. 24, 1997	$1,000

This page may be copied if more space is required.

Name Nancy Lee Johnson | Page 4 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Transaction (P, S, E)
SP	Mega Corp. Stock	X	DIVIDENDS			P
DC	Simon & Schuster	Indefinite		Royalties	X	
JT	1st Bank of Paducah, KY accounts	X	INTEREST		X	
	Amer. Savings Bank IRA	X	INTEREST			
	Fidelity Balanced Fund IRA	X	CAPITAL GAINS			
	" CT Tax Free HiYield	X	DIVIDENDS		X	Additional Purchase
	" Govt. Securities	X	INTEREST		X	
	" Growth+Income IRA	X	CAPITAL GAINS			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Johnson

Page 5 of ...

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Fidelity Spartan GinMae IRA				X																											S
	" Utilities Income Fd IRA				X																											
	First City Bank Checking Acct				X											X							X									
	First City Bank Stock			X												No's								No's								
	Ginos Assoc. Ltd. Partner			X													X					X										
	ICC Harbin Ltd. Partner		X																			X										
	Janus Flexible Inc. Fd.			X																												P
	Fidelity Asset Mgr. IRA				X																											
	" Equity Income II IRA			X																												
	" Midcap Stock IRA			X																												
	" Global Balanced IRA			X																												
	Rental Prop. 785-7 Corbin Ave New Britain, CT						X								X									X							S
	Investment Assoc.				X									X											X							
	Linda's Flame Roasted Chicken		X																		X											
	Fidelity Tax Exempt Money Mkt.			X										X									X									
	Vanguard Ext. Mkt Fund IRA			X													X					X										
	Janus Twenty Fd			X										X									X									P
	" Gr. and Income			X										X									X									P
	" World Wide			X										X									X									P
	Stanley Works Stock						X							X											X							
	Janus Flex Income Fund	X												X								X										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy L. Johnson | Page 6 of

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
	Vanguard Star Portfolio				X									X									X									P
	Nuveen Munic Bond Fund				X									X										X								
	" Tax Exempt Trust				X									X										X								
	Lindner Dividend Fund IRA			X																												
	Scudder Intnatl Fund IRA			X																												
	Pension Fund - Grove Hill								X					X													X					
	Charles Schwab MM Fund				X											X							X									P
	Janus Venture Fund			X																												S
	Fidelity Spartan CT Munic				X																											P
	Mutual Shares Fund-IRA	X		X																												

This page may be copied if more space is required.

Name Nancy L. Johnson | Page 7 of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	Fidel Spartan CT Munic Income	X			4-18-97		X								
	Rental Property 785-7 Corbin Ave New Britain, CT		X		3-10-97				X						
	Janus Venture Fund		X		4-24-97	X									
	" Growth + Income Fund	X			4-24-97	X									
	" Twenty Fund	X			4-24-97	X									
	" Flex Income Fd.	X			4-24-97	X									
	" World Wide Fd.	X			3-24-97	X									
	Charles Schwab Money Fund	X			7-24-97		X								
	VanGuard Star Portfolio	X			5-21-97		X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Nancy L. Johnson | Page 9 of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Mar. 7-9	Wash. DC - Hershey, PA - Hartford CT	Y	Y	Y	N
	World Economic Forum	Jan. 29 - Feb. 2	Hartford, CT - Davos, Switz. - Hartford, CT	Y	Y	Y	N
	Women, Inc.	May 30 - June 2	Washington, DC - Long Beach CA - Hartford, CT	N	Y	N	N
	Aspen Institute	Aug. 18-23	Hartford, CT - Dresden, Germany - Hartford, CT	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to. future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

NANCY L. JOHNSON
6TH DISTRICT, CONNECTICUT

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEES:
OVERSIGHT
CHAIRWOMAN
HEALTH

CAUCUS FOR WOMEN'S ISSUES
CO-CHAIR
EXPORT TASK FORCE
CO-CHAIR

Congress of the United States
House of Representatives
Washington, DC 20515–0706

WASHINGTON OFFICE:
343 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0706
TELEPHONE: (202) 225–4476

NEW BRITAIN OFFICE
480 MYRTLE STREET—SUITE 200
NEW BRITAIN, CT 06053
TELEPHONE: (860) 223–8412

TO: Clerk of the House of Representatives

FROM: Nancy L. Johnson

DATE: May 15, 1998

RE: List of Charities

The following organizations received donations in lieu of honorarium in 1997:

Phi Kappa Educational Foundation, Inc.
Tarrifville, Connecticut

Boys' and Girls' Club of New Britain, Inc.
New Britain, Connecticut

THIS MAILING WAS PREPARED, PUBLISHED, AND MAILED AT TAXPAYER EXPENSE
PRINTED ON RECYCLED PAPER

RECEIVED

MAY 15 PM 2:38

(9)

HAND DELIVERED
(Office Use Only)

1880

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

The Honorable Samuel Robert Johnson
(Full Name)

1030 Longworth House Office Building
(Mailing Address)

Washington D.C. 20515

Daytime Telephone
(202) 225-4201

Filer Status	[X] Member of the U S House of Representatives	State District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL
Samuel R. Johnson

DATE (Month/Day/Year)
5-15-98

Name SAM JOHNSON | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	K-Mart Corporation	participated in program to help charity: Galaxy Center, Garland, Texas		500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Samuel Robert Johnson

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples.*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster	Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
JT	SRJ Designs, Inc. (Book)																				Royalties			X									N/A
JT	Congressional FCU- Interest																X							X									N/A
JT	Plano Bank & Trust-Interest																X							X									N/A
JT	SRJ Designs, Inc.																X					X											N/A
JT	Sentinel Emerging Growth																	X				X											N/A
JT	Book Royalties																				Book Sales			X									N/A

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel Robert Johnson

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	USAF Disability-Non Taxable																			Disability								X				

This page may be copied if more space is required.

1884

SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–97		X								

This page may be copied if more space is required.

Name	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Regents	Smithsonian Institution, Washington, D.C.
Board Member	Bedman College at Southern Methodist University, Dallas, Texas
President-Stockholder	SRJ Designs, Inc., Plano, Texas
Board Member	YMCA Armed Services Board
Advisory Board	Plano Chamber of Commerce, Plano, Texas
Board Member	Frontiers of Flight, Dallas, Texas

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 JUN 10 PM 3:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

The Honorable Samuel Robert Johnson
(Full Name)

1030 Longworth House Office Building
(Mailing Address)

Washington D.C. 20515

Daytime Telephone: (202) 225-4201

Filer Status: [X] Member of the U.S. House of Representatives — State: Texas District: District 3 — [ ] Officer or Employee — Employing Office:

Report Type: [ ] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Samuel R. Johnson

DATE (Month/Day/Year): 6-10-98

06-10-98 02:33PM P002 #15
972 644 9667

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
K-Mart Corporation	participated in program to help charity: Galaxy Center, Garland, Texas	Sept. 10, 1997	500.00

This page may be copied if more space is required.

%L-97% 972 444 9667 06-10-98 02:33PM P003 #15

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Samuel Robert Johnson

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	SRJ Designs, Inc. (Book)	X																		Royalties			X									N/A
JT	Congressional FCU- Interest			X												X							X									N/A
JT	Plano Bank & Trust-Interest			X												X							X									N/A
JT	Sentinel Emerging Growth		X														X				X											N/A

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel Robert Johnson

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	USAF Disability-Non Taxable (Not Joint Income)																			Disability								X				

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Regents	Smithsonian Institution, Washington, D.C.
Board Member	Dedman College at Southern Methodist University, Dallas, Texas
President-Stockholder	SRJ Designs, Inc., Plano, Texas
Board Member	YMCA Armed Services Board
Advisory Board	Plano Chamber of Commerce, Plano, Texas
Board Member	Frontiers of Flight, Dallas, Texas.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
98 MAY 14 AM 8 23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

6

WALTER BEAMAN JONES
(Full Name)

422 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-3415

Filer Status	[X] Member of the U S House of Representatives	State NC District 03	[ ] Officer or Employee	Employing Office	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app. 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Walter B. Jones

DATE (Month/Day/Year) May 15, 1998

1894

Name WALTER BEAMAN JONES	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Tom Strickland - Attorney	Settlement for	$21,474.34
	NA	contracted services rendered 1987-1992, prior to election to United States Congress -- Fee does not count against outside income limit for 1997	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name WALTER BEAMAN JONES | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Bradford Money Fund	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Centura Bank	$1 - $1,000	Dividends	$1 - $200	NA
JT	Delaware Group Tresury	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Ford Motor Company	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Investors Title Company	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Merck & Company	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Silver	$1,001 - $15,000	Capital Gains	$1 - $200	NA
JT	Nations Bank	$1,001 - $15,000	Dividends	$1 - $200	NA

Name WALTER BEAMAN JONES | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Sara Lee	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Nucor	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Philip Morris	$1,001 - $15,000	Dividends	$201 - $1,000	NA
JT	Putnam New Growth Opportunities	$1,001 - $15,000	Mutual Fund	$201 - $1,000	NA
JT	BB&T (name change as a result of merger with United Carolina Bank)	$50,001 - $100,000	Dividends	$201 - $1,000	NA
SP	Floyd Harrell, Rt.4, Tarboro, NC 27886	$1,001 - $15,000	Rental on inherited property	$5,001 - $15,000	NA
SP	Mille Peeden, Feeden Farms, Belvoir, NC	$1,001 - $15,000	Rental on inherited property	$2,501 - $5,000	NA
SP	Wallace James, Robersonville, NC	$1,001 - $15,000	Rental on inherited property	$2,501 - $5,000	NA

Name WALTER BEAMAN JONES	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
SP	BB&T	Personal Loan	$100,001 - $250,000

Name WALTER BEAMAN JONES	Page ____ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board of Directors	Eastern Carolina Vocational Center, Inc. (Little Willie Program)
Board of Directors	Little Willie Program, ECVC

WALTER B. JONES
3D DISTRICT, NORTH CAROLINA

ROOM 422
CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TELEPHONE (202) 225-3415

COMMITTEES
COMMITTEE ON BANKING AND FINANCIAL SERVICES
COMMITTEE ON NATIONAL SECURITY
COMMITTEE ON RESOURCES

RECEIVED
CENTER
93 JUN 10 AM 11:09

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–3303

DISTRICT OFFICES
102-C EASTBROOK DRIVE
GREENVILLE, NC 27858
(919) 931-1003

MID TOWNE MALL
200 WEST ASH STREET
SUITE 109
GOLDSBORO, NC 27530
(919) 735-5382

(800) 351-1697

June 10, 1998

Honorable Robin Carle, Clerk
United States House of Representatives
Legislative Resources Center
B-106 Cannon HOB
Washington, D.C. 20515

3
MC

Dear Madam Clerk:

With respect to the filing of my Financial Disclosure Statement for Calendar Year 1998, I would like to make the following corrections and/or modifications:

1. **Schedule III — Assets and "Unearned Income"**

   Monk Austin was sold in December 1996 at a value of $1,895.00. I will subsequently file Schedule IV - Transactions to reflect this sale. No proceeds were received, the money remained in a brokerage account with J.C. Bradford, Greenville, North Carolina.

   Silver denotes 250 oz. of raw silver, purchased in 1986 for approximately $1,600, now with a value of approximately $1,200. It has inadvertently been listed in Block C, Type of Income, as "Capital Gains" when it is actually a commodity for which no dividends have been received.

2. **Schedule V — Liabilities**

   In previous filings, a personal loan with J&L Tractor Co., Inc., Goldsboro, North Carolina was erroneously filed as "joint" when it was actually "spouse". This loan was satisfied in 1996 and another loan was secured by "spouse" with BB&T in 1997 as is indicated in my 1998 Financial Disclosure Statement for 1997.

I hope this will satisfy any questions you may have, and if additional information is needed by your staff, they may contact Ms. Gloria Curry at x53415.

With every good wish, I am

Sincerely,

Walter B. Jones

Walter B. Jones, Member of Congress
3rd Congressional District, North Carolina

1901

98 JUN 10 AM 11:10

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

WALTER BEAMAN JONES
(Full Name)

422 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-3415

Filer Status	[X] Member of the U S House of Representatives	State NC District 03	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)		X
EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

Walter B. Jones

DATE (Month/Day/Year)

June 9, 1998

Name WALTER BEAMAN JONES	Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Monk Austin - common stock	Sold	December 1996	$1 001 - $15 000

1902

98 MAY 13 AM 10:29

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

(7)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Hon. Paul E. Kanjorski
(Full Name)

103 South Hanover Street
(Mailing Address)

Nanticoke PA 18634

Daytime Telephone: 202-225-6511

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Paul E. Kanjorski

DATE (Month/Day/Year): 5/12/98

1903

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Credit Union Executives Society	speech	11/11/97	$1,000.00
Southwest Corporate Fed. Credit Union	speech	12/9/97	$2,000.00

1904

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cong. Fed. Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	Cross Valley Credit Union	$50,001 - $100,000	Interest	$2,501 - $5,000	NA
JT	IRA Equitable Life	$1,001 - $15,000	none	None	NA
JT	IRA Prudential Life Bache Securities, Am Capital Government Fund	$15,001 - $50,000	none	None	NA
	Real property -- 20+ acres, 1/2 interest, Dallas Twp., Luzerne Co., PA	$250,001 - $500,000	none	None	NA
	Real property -- 90+ acres, 1/5 interest, Wright Twp., Luzerne Co., PA	$250,001 - $500,000	none	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

1/10 interest, father's estate	$15,001 - $50,000	none	None	NA
1/5 interest, mother's estate	$15,001 - $50,000	none	None	NA
1/2 interest, 126 S. Franklin St., Wilkes-Barre, PA	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
Law Office movable assets	$1,001 - $15,000	none	None	NA

Name Hon. Paul E. Kanjorski | Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Guaranty National Bank, Wilkes-Barre, PA	mortgage on 1/2 interest in 126 S. Franklin St., Wilkes-Barre, PA	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Credit Union Executives Society	11/10/97 to 11/11/97	Washington, DC to Palm Beach, FL	Y	Y	N	no
Southwest Corporate Federal Credit Union	12/9/97 to 12/10/97	Washington, DC to Dallas, TX	Y	Y	N	no
Pew Charitable Trusts -- Bipartisan Congressional Retreat	3/7/97 to 3/9/97	Washington, DC to Hershey, PA	Y	Y	Y	no

Name Hon. Paul E. Kanjorski	Page 7 of 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Trustee	Wilkes University, Wilkes-Barre, PA

PAUL E. KANJORSKI
11TH DISTRICT, PENNSYLVANIA

COMMITTEE ON BANKING AND FINANCIAL SERVICES
RANKING MEMBER
SUBCOMMITTEE ON CAPITAL MARKETS, SECURITIES AND GOVERNMENT SPONSORED ENTERPRISES

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

DEMOCRATIC WHIP AT LARGE

RECEIVED
98 MAY 27 AM 10: 17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States

Washington, DC 20515–3811

May 21, 1998

INSIDE MAIL

WASHINGTON OFFICE:
2353 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3811
(202) 225–6511

MAIN DISTRICT OFFICE:
THE STEGMAIER BUILDING
7 NORTH WILKES-BARRE BOULEVARD
SUITE 400 M
WILKES BARRE, PA 18702–5283
(717) 829–2200

KULPMONT OFFICE:
KULPMONT MUNICIPAL BUILDING
860 SPRUCE STREET
KULPMONT, PA 17834–1346
(717) 373–1541

TOLL FREE HELP-LINE
(800) 222–2346

The Honorable Robin H. Carle
Clerk of the House of Representatives
H-154, The Capitol
Washington, DC 20515

Dear Ms. Carle:

Please consider this letter an amendment to my Financial Disclosure Statement for Calendar Year 1997. I would like to amend information on page 6 of that Financial Disclosure so as to change the name of the source of travel payments made on my behalf for my attendance at the Bipartisan Congressional Retreat in Hershey PA from 3/7/97 to 3/9/97. The source should be the Aspen Institute, not the Pew Charitable Trusts.

In preparing my Financial Disclosure Statement, I relied on an informational letter regarding the Bipartisan Retreat dated December 19, 1996, which indicated that the Pew Charitable Trusts were covering the bulk of the expenses for the weekend retreat through a grant to the Aspen Institute. Unfortunately, I have no record of receiving a letter that was sent to Members on April 2, 1997, stating that the Aspen Institute should be listed as the sponsoring entity for the retreat. It was not until after I had filed my Financial Disclosure Statement on May 13 that I learned that the Aspen Institute should be listed as the sponsor.

I hope that the information contained herein is sufficient to amend the error on page 6 of my Financial Disclosure. Thank you for your consideration in this regard. If you have any further questions or need any additional information, please do not hesitate to contact my office.

Sincerely,

Paul E. Kanjorski

Paul E. Kanjorski
Member of Congress

PEK/dgg

RECEIVED
98 MAY 26 PM 4: 05
U.S. HOUSE OF REPRESENTATIVES

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

90 MAY 13 PM 2:57

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(4)

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Marcy (Marcia) C. Kaptur
(Full Name)

234 N Summit St Rm 719
(Mailing Address)

Toledo OH 43604

Daytime Telephone: 419-259-7500

Filer Status	[X] Member of the U.S. House of Representatives	State: OH District: 09	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Marcy (Marcia) C. Kaptur

DATE (Month/Day/Year): 5/13/98

1911

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Standard Federal Bank	$15,001 - $50,000	Interest	$201 - $1,000	
Little Flower Credit Union	$1,001 - $15,000	Interest	$1 - $200	
Key Bank (formerly Society)	$1,001 - $15,000	Interest	$201 - $1,000	
Charter One Bank	$15,001 - $50,000	Interest	$2,501 - $5,000	
U.S. Savings Bonds	$50,001 - $100,000	NA	None	
Transamerica IRA	$15,001 - $50,000	NA	None	

1912

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Congressional Federal Credit Union	$15,001 - $50,000	[Interest -- all funds accrued in this separate account are from Congressional pay (raises) and are distributed annually to charitable causes]	$201 - $1,000	
	Prudential Life Insurance Co of America	None	Death Benefit - Anastasia Kaptur	$201 - $1,000	
	1854 Harlan Road, Toledo, OH	$50,001 - $100,000	Rent -- property upkeep and maintenance resulted in realized income of $769.00 in 1997	$5,001 - $15,000	

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Trustee	The Anastasia Fund, PO Box 2121, Toledo, OH 43603 [a public charity being established in the names of Anastasia and Stephen Kaptur]

RECEIVED

98 MAY 15 AM 9:17

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(10)

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

John R. Kasich
(Full Name)

7825 Lanetta Lane
Westerville, Ohio 43082
(Mailing Address)

614-523-2555
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 12th	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 14, 1998

1915

Name	John R. Kasich	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ohio Health (Grant/Riverside Methodist Hospitals)	Spouse Salary	n/a
	Gerbig, Snell/Weisheimer and Associates	Spouse Salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name John R. Kasich | Page 3 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A–L)	Type of Income	Amount of Income (I–XI)	Transaction
SP, DC, JT	*Examples.*				
SP	Mega Corp. Stock	E: $50,001 – $100,000	DIVIDENDS	V: $2,501 – $5,000	P
	Simon & Schuster	Indefinite	Other Type of Income (Specify. For Example, Partnership Income or Farm Income): Royalties	IX: $100,001 – $1,000,000	
	1st Bank of Paducah, KY accounts	F: $100,001 – $250,000	INTEREST	VI: $5,001 – $15,000	
	BankOne, Columbus, Ohio	C: $15,001 – $50,000	INTEREST	II: $1 – $200	
	Wright Patman Credit Union	C: $15,001 – $50,000	INTEREST	II: $1 – $200	
	Northwestern Mutual Life Annuities (7)	E: $50,001 – $100,000	DIVIDENDS	I: n/a	
	Northwestern Mutual Variable Annuities (2)	E: $50,001 – $100,000	DIVIDENDS	I: n/a	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John R. Kasich

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Putnam U.S. Govt. Sec.						X							X												X						
	First Capital Insured	X												X								X										S
	Alliance Insured Security	X												X								X										S
	Washington Mutual Inv. Fd						X							X												X						
	Investment Co. of America					X								X												X						
SP	U.S. Treasury Notes								X							X											X					
SP	Fundamental Investors Inc				X									X										X								
SP	Investment Co. of America					X								X											X							
SP	Washington Mutual Inv. Fd.				X									X											X							
SP	New Perspective Fd. Inc.				X									X											X							
SP	MFS Limited Maturity Fd.				X									X											X							
SP	VanKampen American U.S. Fd				X									X											X							
SP	American Balanced Fund Inc				X									X											X							
SP	Income Fd. of America Inc				X									X											X							
JT	Baird Money Market				X											X							X									P
	Delaware County Bank				X									X									X									
	J & R Partnership		X														X				X											
	Baird Money Market			X													X					X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name John R. Kasich | Page 5 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Northwestern Mutual Life Annuities (7)	X			payments per month	X									
	Northwestern Mutual Variable Annuities (2)	X			payments per month	X									
	First Capital Insured		X			X									
	Alliance Insured Security		X			X									
JT	Baird Money Market	X			5-27-97		X								
	Delaware County Bank Shares	X			1-22-97 & 7-10-97		X								
	Baird Money Market	X			1-27-97		X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	n/a											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
John Kasich and Karen Waldbillig were married on March 22, 1997. Prior to the wedding, Mr. Kasich requested		
a waiver of the gift rule for wedding gifts and the same was granted by the Committee on Standards of Official		
Conduct. A list of wedding gifts received from the same source valued at over $250 and given by non-relatives		
of John Kasich and Karen Waldbillig Kasich is attached.		

Use additional sheets if more space is required.

1920

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Greater Detroit Chamber of Commerce	May 31	Columbus - Mackinac Island Columbus	N	Y	Y	N
	Polyconomics, Inc. Conference	Feb. 27 - Feb. 28	Wash., D.C. - Ft.Lauderdale FL - Columbus	Y	Y	N	N
	Doubleday Book Company	Aug. 22 - Aug 23	Columbus - Los Angeles - Columbus	Y	Y	N	N
	Doubleday Book Company	Aug. 29 - Aug. 31	Wash., D.C. - Charlotte, NC - Jackson, MS - Cols.	Y	Y	N	N
	Doubleday Book Company	Sept. 3	Cols. - Detroit - Wash.D.C.	N	N	N	N
	Doubleday Book Company	Dec. 9 - Dec. 10	Columbus - Charlotte, NC Columbus	Y	Y	N	N
	Doubleday Book Company	Dec. 15 - Dec. 16	Wash., D.C. - Oklahoma City, OK - Columbus	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	Concord Counseling, Columbus, Ohio

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

Wedding Gifts
to
John R. Kasich and Karen Waldbillig Kasich

March 22, 1997

from the same source aggregating more than $250 given
by non-relatives

Waiver Received from the
Committee on Standards of Official Conduct

Source	Description	Value
Fred and Barbara Osterman	Set of professional kitchen knives	$250 or more
Debbie and Ron Hartman	Five place settings Wedgewood Linen	$250 or more
Larry Liebert and Kathy Yorman	Six wine goblets Waterford	$250 or more
LaDonna Cary and Richard Solove	Silver coffee and tea service	$250 or more
Laura and Joseph Ciotola	Grill, omelet pan and casserole/Calphalon	$250 or more
Cherrie, Jack and Witney Lucks	Soup tureen Borghese	$250 or more
Connie and Don Malenick	Seven place settings silver plated flatware	$250 or more
Margaret and John H. McConnell	Champagne flutes and bedside lamp/Waterford	$250 or more
Joan and Frank Wobst	Eight goblets Waterford	$250 or more

Page Two

Wedding Gifts
March 22, 1997

Source	Description	Value
Jill and Paul Griesse	Two place settings Borghese	$250 or more
Carol Porter and William Curlis	Four beverage glasses Waterford	$250 or more
Susan and Bill Lhota	gift certificate HomePlace	$250 or more
Chris and Tom Downey	Engagement party	$250 or more
Donald Thibaut	Engagement party	$250 or more
William L. Curlis	Engagement party	$250 or more

RECEIVED

98 MAY 14 PM 3:40

(11)

HC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

SUE W. KELLY (Full Name)
187 JAY ST (Mailing Address)
KATONAH, NY 10536

Daytime Telephone ~~[illegible]~~-202-225-5441

Filer Status	☑ Member of the U.S. House of Representatives	State: NY District: 19	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sue Kelly

DATE (Month/Day/Year) 5/1/98

1925

Name	Page
Sue W. Kelly	2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	William A Kelly + Co, Inc.	Spouse Salary	[redacted]
	87 Bessemer Rd Corp	Spouse Fee	1000
	Cornerstone Brasing Foundation	Spouse Fee	1200

For payments to charity in lieu of honoraria, use Schedule II.

Name SIRE W. KELLY | Page 3 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, Examples:	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X									X							
	AMER HOME PROD					X								X										X								P
	AMER POWER CONV				X									X								X										P
	AMGEN, INC				X									X								X										P
	BANK AMERICA						X							X										X								
	BRITISH PETROL					X								X											X							
	CISCO SYSTEMS					X								X								X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	INTEL CORP				X									X								X										P
	INTERPOOL				X									X									X									P
	KIMBERLY CLARK					X								X									X									
	MOBIL				X									X									X									
	~~AT&T Systems~~				~~X~~									~~X~~									~~X~~									~~P~~
	SEITEL				X									X								X										P
	STATE STREET BANK						X							X										X								
	TERALO				X									X									X									
	MONEY MARKET						X									X									X							
	AT&T				X									X							X											S
	DELPHI FINANCIAL				X									X							X											S
	FLUOR CORP				X									X								X										S
	CAPITAL CORP			A										X							X											S
	HUNTINGTON BANK				X									X								X										S
	HYPERION TRUST				X									X									X									S
	JENNS ENG			X										X							X											S
	LUCENT TECH			X										X							X											S
	NLR CORP			X										X							X											S
	SCHWEITZER-MAUD			X										X							X											S
	101 N. MOHAWK AVE - MT KISCO							X							X												X					
	36 ANDERSON AVE KATONAH						X								X											X						
	COVE Rd - Sonny Selby						X								X											X						

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Country Bank Account	C	INTEREST	III	
	Bank of NY Savings	D	INTEREST	IV	
	Federal Credit Union	C	INTEREST	III	
SP	Fleet Bank Account	D	INTEREST	III	
SP	Montpelier Nat Bank Acct	F	INTEREST	IV	
SP	Marion State Bank Acct	D	INTEREST	III	
SP	USAA Savings Acct	C	INTEREST	III	
SP	McDonalds Stock	F	DIVIDENDS	IV	
SP	Kid Rocky Katonah	F	RENT	III	
SP	IRA - Bergen Murray	G	CAPITAL GAINS	I	
SP	9 Washington Cr Sherman Oaks	F	CAPITAL GAINS	I	
SP	Cross River Pwd Park	H	RENT	VI	
SP	105 Bedford Rd Katonah	G	RENT	VII	
SP	87 Bedford Rd Katonah	G	RENT	VII	
SP	Bergen Murray Securities	C	CAPITAL GAINS	I	
SP	Country Bank Stock	D	DIVIDENDS	II	5
SP	Rivenhill Rap - Yonkers	G	RENT	II	
SP	Pelham Commons - Pelham	D	CAPITAL GAINS	I	
SP	Orchards Farm - Nmah Salem	F	CAPITAL GAINS	I	
SP	Quail Ridge Farm - Mill Rock	F	RENT	III	
SP	North Salem Ctr - North Salem	E	CAPITAL GAINS	I	
SP	PT Associates - Rock Hill	D	RENT	II	

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	POINT MARINA				X										X								X									
SP	Health Care Prop - Yankins					X									X								X									
SP	W. M. Kelly Inc.					X											X				X											
SP	W. A. Kelly Lease				X												X				X											
SP	MISL Life Insurance				X															INSURANCE	X											
	Life Insurance on Spouse				X															INSURANCE	X											
	Banco Nix - FFF Acct			X												X						X										

This page may be copied if more space is required.

1990

SCHEDULE IV — TRANSACTIONS

Name SUE W. KELLY | Page 7 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-97		X								
SP	COUNTRY BANK - STOCK		X		12/15/97		X								
	SCHWEITZER-MAUN - STOCK		X			X									
	NCR CORP		X		~~10/8/96~~		X								
	LUCENT TECH		X		10/8/96	X									
	JACOBS ENG		X			X									
	HYPERION TRST		X				X								
	COASTAL CORP		X			X									
	FLUOR CORP		X				X								
	DELPHI FINANCIAL		X		~~10/8/96~~		X								
	AT&T		X				X								
	AMER HOME PRODUCTS	X			10/5/97		X								
	AMER POWER CONV	X			7/7/97		X								
	AMGEN, INC	X			6/17/97		X								
	CISCO SYSTEMS	X			3/19/97		X								
	INTEL CORP	X			3/3/97		X								
	INTERPOOL	X			12/18/97		X								

This page may be copied if more space is required.

1931

Name SUE W. KELLY | Page 8 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	~~[illegible]~~ ~~[illegible]~~	~~X~~			~~[illegible]~~										
	SEITEL	X			11/19/97		X								

This page may be copied if more space is required.

1932

1932

Name SUE W. KELLY | Page 9 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DO, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	WASHOPAC NAT BANK -	MORT - CLOTH RIVER PARK							X			
SP	UNION STATE BANK	MORT - 87 BOTSFORD Rd					X					
SP	DONALD TOBER	MORT - QUAIL RIDGE FARM				X						
SP	LOAN FROM EUGENE D. COLLEY - NORTH SALEM	MORT } PT ASSOCIATES ORCHARDS						X				
SP	LOAN FROM Richard McCoy - BOSTON	M } Health Care Prp						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

1933

1933

Name Sere W. Hardy | Page 10 of 12

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Western States Coalition	8/27-8/30	White Plains, NY to Salt Lake City, UT to White Plains, NY	Y	Y	Y	2 days (airfare to and from paid for out of personal funds)

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
none	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
98 MAY 15 PM 1:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC HAND DELIVERED (8)
(Office Use Only)

Joseph P. Kennedy II
(Full Name)

73 Bigelow Street
(Mailing Address)

Brighton MA 02135

Daytime Telephone: (202) 225-5111

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 08	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [X] No [ ]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joe Kennedy

DATE (Month/Day/Year): 5/15/98

1936

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives, Washington, D.C.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

1937

1937

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Fleet Bank Accounts, Boston, MA	$15,001 - $50,000	Interest	None - $200	
Congressional Federal Credit Union Bank Accounts, Washington, D.C.	$1,001 - $15,000	Interest	$201 - $1,000	
Merrill Lynch Retirement Reserves & Global Allocation Funds, Stamford, CT (IRA's)	$50,001 - $100,000	Dividends, Interest & Capital Gains	$5,001 - $15,000	P
January 27, 1926 Trust, Joseph P. Kennedy Grantor, FBO Robert F. Kennedy, NY, NY		Excepted Trust	None	
August 31, 1959 Trust, Robert F. Kennedy Grantor, FBO Joseph P. Kennedy II, NY, NY		Excepted Trust	$15,001 - $50,000	
August 31, 1959 Trust, Robert F. Kennedy Grantor, FBO David A. Kennedy, NY, NY		Excepted Trust	$1,001 - $2,500	

1938

1938

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Joseph P. Kennedy II Blind Trust dated June 16, 1987, Washington, D.C.		Qualified Blind Trust	$15,001 - $50,000	
Interest in the estates of Robert F. Kennedy and David A. Kennedy, as yet undistributed	$50,001 - $100,000	None	None	
Beneficial interest in land trust whose sole asset is unimproved land in Marshfield, MA	$100,001 - $250,000	None	None	
Promissory Note - Diane Simon, Montecito, CA (balance due on sale of partial interest in land trust referred to in the immediately preceding item)	$50,001 - $100,000	Interest	$5,001 - $15,000	
May 26, 1949 Trust, Rose F. Kennedy, Grantor, FBO Rose Mary Kennedy, New York, NY *		Excepted Trust	$15,001 - $50,000	
March 4, 1953 Trust, Rose F. Kennedy, Grantor, FBO Rose Mary Kennedy, New York, NY *		Excepted Trust	$5,001 - $15,000	
Fidelity Investments (Mutual Fund) Boston, M.A. - Funds invested in include:				
Fidelity Mass Muni Money Market Fund	$15,001 - $50,000	Dividends	None - $200	P
Fidelity Spartan Market Index Fund	$50,001 - $100,000	Dividends & Capital Gains	$1,001 - $2,500	P
Fidelity Spartan Limited Maturity Government Fund	$15,001 - $50,000	Dividends	$201 - $1,000	P

* Reporting individual received a Corpus Distribution upon termination of the Trust in which he was a contingent remainder beneficiary.

1939

1931

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Merrill Lynch Retirement Reserves & Global Allocation Funds (IRA) monthly dividend reinvestment	Purchase	Monthly during 1997	$1,001 - $15,000
	Fidelity Investments (Mutual Fund)			
	Fidelity Mass Muni Money Market Fund	Purchase	12/08/97	$15,001 - $50,000
	Fidelity Spartan Market Index Fund	Purchase	Monthly during 1997	$1,001 - $15,000
	Fidelity Spartan Limited Maturity Government Fund	Purchase	4/29/97	$15,001 - $50,000

1940

1940

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Meet the Press	Aug. 2-3	Boston - Wash., D.C. - Boston	N	N	Y	0 Days

1941

1941

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Honorary Chairman	Citizens Energy Corp
Honorary Chairman	National Children's Day Foundation, Inc.
Chairman, Vice President	The Canadian Robert F. Kennedy Memorial
Member, Board of Directors	The Flax Trust - America
Member, Board of Directors	Massachusetts Caring for Children Foundation
Limited Partner (Transferee)	LFRUT Venture Capital Fund Liquidating Trust (formerly L.F. Rothschild Venture Capital Fund. Asset value below reporting threshold)

1942

1942

Joseph P. Kennedy II
1997 Financial Disclosure Statement

ADDITIONAL INFORMATION

Direct and beneficial interests of my children have not been reported herein since neither of them lives with me or is my dependent within the meaning of Sec. 152 of the Internal Revenue Code.

In addition to the beneficial interests in the excepted trusts and qualified blind trust disclosed above, I have beneficial interests in the excepted trusts listed below. No income was received from these trusts during 1997.

Trust under the will of George Skakel
Trust under the will of Ann Skakel

7140vds.98

98 MAY 15 AM 11:15

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997	Form A For use by Members, officers, and employees
Patrick J. Kennedy (Full Name)	
89 Ravenswood Avenue (Mailing Address)	Daytime Telephone:
Providence RI 02908	(202) 225-4911

MC (Office Use Only) (6)

Filer Status	[X] Member of the U.S. House of Representatives	State: RI District: 01	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [X]	No [ ]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
Patrick J. Kennedy	5-14-98

1944

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. SP 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Citizens Trust Company Accounts, Providence, RI	$15,001 - $50,000	Interest	None - $200	
1784 Federal Institutional U.S Treasury Money Market Fund - BSD Boston, MA	$50,001 - $100,000	Interest	$1,001 - $2,500	
Friends of Patrick J. Kennedy- Loan Receivable (RI State Rep.)	$50,001 - $100,000	Interest	None	
March 4, 1953 Trust, Rose F. Kennedy, Grantor, FBO Edward M. Kennedy, New York, NY		Excepted Trust	$1,001 - $2,500	
August 31, 1959 Trust, Edward M. Kennedy, Grantor, FBO Patrick J. Kennedy, New York, NY		Excepted Trust	$15,001 - $50,000	
March 4, 1953 Trust, Rose F. Kennedy, Grantor, FBO Rose Mary Kennedy, New York, NY *		Excepted Trust	$5,001 - $15,000	

* Reporting individual received a Corpus Distribution upon termination of the trust which he was a contingent remainder beneficiary.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Arctic Royalty Limited Partership (a limited partnership owning oil and gas royalty interests) New York, NY	$50,001 - $100,000	Partnership Income	$15,001 - $50,000	
	State of Rhode Island - Income Tax Refund		Interest	$201 - $1,000	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	John V. Tunney, Malibu, CA	Promissory Note (paid in full, 12/97)	$50,001 - $100,000
	American Express Company, New York, NY	Credit Card	$50,001 - $100,000
	Citibank Visa, Sioux Falls, SD	Revolving Charge Account	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D C -Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Cyprus Federation of America	Aug. 25-29	Wash., D.C -Athens, Greece-Wash., D C	Y	N	N	No
National Security Cacus Foundation	Sept. 12-20	Wash., DC - Chile - Argentina - Brazil, South America - Wash., D.C.	Y	N	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Corporate Member	Battleship Massachusetts
Corporate Member	Bradley Hospital
Vice Chairman	Independent World Commission on the Oceans
Member, Honorary Advisory Board	March of Dimes - Rhode Island
Honorary Member	Mental Health Association of Rhode Island
Member, Advisory Board	Big Brothers of Rhode Island
Member, Advisory Board	Music School
Member, Advisory Board	Rhode Island Special Olympics
Associate Trustee	Joseph P. Kennedy, Jr. Foundation
Limited Partner	Arctic Royalty Limited Partnership

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 2:57

(6)

HAND DELIVERED
(Office Use Only)

BARBARA BAILEY KENNELLY
(Full Name)

95 SCARBOROUGH STREET
(Mailing Address)

HARTFORD, CONNECTICUT 06115

Daytime Telephone (860) 523-1116

Filer Status	[X] Member of the U.S. House of Representatives	State CONNECTICUT District 1ST	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Barbara B. Kennelly DATE (Month/Day/Year) May 15, 1998

1950

Name BARBARA BAILEY KENNELLY | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock				X								X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
	John Moran Inc.(Beach House) 144 Middle Beach Rd.-Madison,CT							X														X											
	South Street Assoc.(3 1/3 Share) 502 South St., Bristol,CT(Probate)					X																X											
	RCK&K Realty (22%Share) 693 Bloomfield Ave., Bloomfield,CT (Probate)			X																		X											
	Smith Barney Money Market Retirement Portfolio Class A(IRA)						X										X									X							
	Smith Barney World Fund Intl. Equity Class B (IRA)					X									X			X				X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BARBARA BAILEY KENNELLY

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Smith Barney Cash Money Fund						X							X		X									X							
	Bank of Boston: Checking		X													X						X										
	Bank of Boston: 1784 U.S. Treasury Money Market Fund			X										X									X									
	Smith Barney Treasury Bond (IRA)			X												X							X									

This page may be copied if more space is required.

1952

SCHEDULE IV — TRANSACTIONS

Name BARBARA BAILEY KENNELLY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	U.S. Treasury Bill, Redemption (Placed In Smith Barney Money Fund IRA Account)		X		5-1-97		X								

This page may be copied if more space is required.

1953

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Asia-Pacific Exchange Foundation (USIA Approved Cultural Exchange)	May 24-29	Wash.,D.C. - Tashkent - Wash.,D.C.	Y	Y	N	N

This page may be copied if more space is required.

1954

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors (Unpaid)	The Center For Democracy - Washington, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

1955

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 12 AM 9:48

(4)

HAND DELIVERED

HC (Office Use Only)

Dale Edward Kildee
(Full Name)
516 Kensington Ave
(Mailing Address)
Flint, Michigan 48503
Daytime Telephone (202) 225-3611

Filer Status	☒ Member of the U.S. House of Representatives	State Michigan District 9	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Dale E. Kildee

DATE (Month/Day/Year) May 11, 1998

1956

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Weichert, Realtors	Spouse commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Dale Edward Kildee | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP.						X								X											X							P
DC.	*Examples:*			Indefinite																Royalties									X			
JT							X									X										X						
JT	First Union Bank			X												X						X										
JT	Congressional Fed. Credit Union			X												X						X										
SP	Congressional Fed. C.U. (IRA)			X												X					NA											
SP	First Union Bank (SEP)			X												X					NA											
JT	Citizens Bank		X													X						X										
	Michigan Legislative Retirement (vested, not receiving)						X									X					NA											

For additional assets and unearned income, use next page.

1958

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1-1-77	State of Michigan and self	life and health insurance

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED
98 MAY -6 PM 3:38
HAND DELIVERED
(Office Use Only)
5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Carolyn Cheeks Kilpatrick
(Full Name)

7445 LaSalle Blvd., Detroit, Michigan 48206
(Mailing Address)

202/225-2261
Daytime Telephone

Filer Status [X] Member of the U.S. House of Representatives — State Michigan District 15th [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Carolyn C. Kilpatrick

DATE (Month/Day/Year) 5-6-98

1960

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Michigan (not subject to outside earned income limit)	deferred compensation	$30,000.00

For payments to charity in lieu of honoraria, use Schedule II.

1961

Name Kilpatrick	Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	K-Mart Kids Race Against Drugs	Appearance	Sept. 10, 1997	$500.00

This page may be copied if more space is required.

Name Kilpatrick

Page 4 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP	Mega Corp Stock	F: $50,001 – $100,000	DIVIDENDS	I: None	P
	Simon & Schuster	Indefinite	RENT	II: $1 – $200	
	1st Bank of Paducah, KY accounts	F: $100,001 – $250,000	INTEREST	III: $201 – $1,000	
	State of Michigan deferred Compensation II/401k	C: $1,001 – $15,000	CAPITAL GAINS	IV: $1,001 – $2,500	
	Legislative Retirement System State of Michigan	C: $15,001 – $50,000	EXCEPTED TRUST	V: $2,501 – $5,000	
	Congressional Federal Credit Union Savings Account	C: $1,001 – $15,000	QUALIFIED BLIND TRUST	VI: $5,001 – $15,000	
			Other: Type of Income (Specify. For Example, Partnership Income or Farm Income)	VII: $15,001 – $50,000	
			Royalties	VIII: $50,001 – $100,000	
				IX: $100,001 – $1,000,000	
				X: $1,000,001 – $5,000,000	
				XI: Over $5,000,000	

Block A	Block B	Block C	Block D	Block E
State of Michigan deferred Compensation II/401k	C: $1,001 – $15,000	INTEREST	VI: $5,001 – $15,000	
Legislative Retirement System State of Michigan	C: $15,001 – $50,000	INTEREST	VI: $5,001 – $15,000	
Congressional Federal Credit Union Savings Account	C: $1,001 – $15,000	INTEREST	II: $1 – $200	

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D C —Chicago—Wash., D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Project Interchange (Institute of the American Jewish Committee)	Aug. 16-24	Detroit-New York-Isreal New York-Detroit	Y	Y	N	N

This page may be copied if more space is required.

1964

JAY KIM
41st District, California

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
PUBLIC BUILDINGS AND ECONOMIC DEVELOPMENT
CHAIRMAN
WATER RESOURCES

COMMITTEE ON INTERNATIONAL RELATIONS

CALIFORNIA TRANSPORTATION TASK FORCE
CHAIRMAN

Congress of the United States
House of Representatives

227 Cannon Building
Washington, DC 20515-0541
202-225-3201

1131 West 6th Street
Suite 180A
Ontario CA 91762
909-988-1055

18200 Yorba Linda Blvd
Suite 203A
Yorba Linda, CA 92886
714-572-8574

INTERNET
World Wide Web
http://www.house.gov/kim/welcome.html

MC
6

May 22, 1998

The Honorable Robin H. Carle
Clerk of the House
B-106 Cannon H.O.B.
Washington, D.C. 20515

Dear Ms. Carle:

I am submitting a partial Financial Disclosure Statement for 1997 because of the continued lack of access to information regarding either jointly held assets and liabilities or assests and liabilities of my spouse. I intend to amend my filing to include such additional information as soon as it becomes available and can be reviewed by my attorney.

Thank you for your consideration of this matter.

Sincerely,

Jay Kim

JAY KIM
Member of Congress

RECEIVED
98 MAY 22 PM 4:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

RECEIVED

98 MAY 22 PM 4:42

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

JAY KIM
(Full Name)

2219 Rusty Pump Road
Diamond Bar CA 91765
(Mailing Address)

Daytime Telephone: (202) 225-3201

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 41	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Jay Kim

DATE (Month/Day/Year) 05/22/98

1966

1966

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT — *Examples:* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP — 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Merrill Lynch (IRA) Reserve Retirement Money Market Fund	$50,001 - $100,000	Interest	None - $200	

1967

1967

Name JAY KIM | Page 3 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Gibson, Dunn & Crutcher	Legal Fees	$100,001 - $250,000
	Jerry Yhee, Fullerton, CA	Personal Loan	$15,001 - $50,000
	David Chang	Personal Loan	$10,001 - $15,000

1968

1968

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute	Mar 7-9	DC-Hershey, PA-DC	Y	Y	N	N
Korea Venture Business Assoc.	Jun 29-Jul 7	LA-Seoul, Korea-LA	Y	N	N	N
North Park University	Oct 10-11	DC-Chicago, IL-DC	Y	Y	N	N

1969

1969

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, on any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	Congressional Asian Pacific American Caucus Institute (non-compensatory)

1970

1970

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 18 AM 9 04
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

POSTMARK ILLEGIBLE
MC
(Office Use Only)

(5)

Ronald James Kind
(Full Name)

3061 Edgewater Lane, LaCrosse, WI 54603
(Mailing Address)

608-779-9750
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State Wisconsin District 3rd	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? N/A	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ronald J. Kind

DATE (Month/Day/Year) 5/11/98

1971

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$121,724-
	State of Wisconsin - Director of State Courts	Spouse Salary	$20,181-
	State of Wisconsin - Office of State Public Defender	Spouse - Court Reporter fees	$537.71-
	State of Wisconsin - Director of State Courts	Spouse - Court Reporter fees	$1848-
	County of La Crosse	Spouse - Court Reporter fees	$707-

For payments to charity in lieu of honoraria, use Schedule II.

1972

Name Ronald James Kind

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock; Simon & Schuster; 1st Bank of Paducah, KY accounts		Indefinite			X	X							X		X				Royalties				X		X			X			P
JT	Rental Property Pearl Street, La Crosse, WI					X									X											X						
SP	Putnam Inv-IRA			X										X									X									
	Wis. Def Comp Program				X									X										X								
SP	Wis. Def Comp Program				X									X										X								
	Investment Club			X										X								X										
	Janus Fund - IRA			X										X									X									

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Norwest Bank, NA, LaCrosse, WI	Mtg. on Pearl St, LaCrosse			X							

SCHEDULE VI — GIFTS None

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

1974

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Coulee Council on Alcohol, Section 501(c)(3) organization
Director	Optimist Club of LaCrosse, Wisconsin, Section 501(c)(4) organization
Director	Boys + Girls Club, Section 501(c)(3) organization
Alumni Harvard Interviewer	Harvard University and Radcliffe University

SCHEDULE IX — AGREEMENTS N/A

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 JUN -8 AM 8:13
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MC INSIDE MAIL (6)
(Office Use Only)

Ronald James Kind
(Full Name)

3061 Edgewater Lane, LaCrosse, WI 54603 608-779-9750
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: Wisconsin District: 3rd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ronald J. Kind

DATE (Month/Day/Year): 6/5/98

1976

Name Ronald James Kind | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$121,724-
	State of Wisconsin - Director of State Courts	Spouse Salary	$20,181-
	State of Wisconsin - Office of State Public Defender	Spouse - Court Reporter fees	$537-
	State of Wisconsin - Director of State Courts	Spouse - Court Reporter fees	$1548-
	County of La Crosse	Spouse - Court Reporter fees	$707-

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Ronald James Kind

1978

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X										X						
JT	Rental Property 2nd Pearl Street, La Crosse, WI						X									X										X							
SP	Putnam Inv-IRA				X										X									X									(not new previously below value)
	Wis. Def Comp Program					X									X										X								
SP	Wis. Def Comp Program La Crosse					X									X										X								
	Investment Club – WI				X										X								X										
	Janus Fund - IRA				X										X									X									P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Ronald James Kind

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	Janus Fund	X				X									

This page may be copied if more space is required.

1979

1979

Name Ronald James Kind | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Norwest Bank NA, LaCrosse, WI	Mtg. on Pearl St, LaCrosse			X							

SCHEDULE VI — GIFTS None

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

1980

Name	Page 6 of 6
Ronald James Kind	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Coulee Council on Alcohol, Section 501(c)(3) organization
Director	Optimist Club of LaCrosse, Wisconsin, Section 501(c)(4) organization
Director	Boys + Girls Club, Section 501(c)(3) organization
Alumni Harvard Interviewer	Harvard University and Radcliffe University

SCHEDULE IX — AGREEMENTS N/A

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

1981

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY -6 AM 9 44
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

INSIDE MAIL (4)
MC (Office Use Only)

Rep. Peter T. King
(Full Name)

1442 Roth Road
(Mailing Address)

Seaford, NY 11783

Daytime Telephone
(202) 225-7896

Filer Status [X] Member of the U.S. House of Representatives — State ____ District ____ [ ] Officer or Employee — Employing Office ____

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Peter King

DATE (Month/Day/Year) 5/5/98

1982

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Nassau County, New York	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

1983

Name Rep. Peter T. King

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp Stock					X							X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
Sp	New York State Pension Program				X																												

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Irish Northern Aid	Feb 1-2	NYC-Kansas City, MO-NYC	Y	Y	N	N
	Maritime Trades Dept	Sep 18-19	DC-Pittsburgh-NYC	Y	Y	N	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

98 MAY 15 PM 1:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(7)

HAND DELIVERED
(Office Use Only)

Jack Kingston
(Full Name)

1507 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202)225-5831

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jack Kingston

DATE (Month/Day/Year): 5/14/98

1986

1986

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Providence Christian School	Speech	08/21/97	$150.00
K Mart Family Foundation	Race	09/20/97	$500.00

1987

1987

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20		BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Palmer & Cay/Carswell Stock	$1,000,001 - $5,000,000	Dividends	$1,001 - $2,500	
	Courtland Reserves MMA	$1,001 - $15,000	Interest	$201 - $1,000	
	Savh Food & Ind. Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	111 Jacqueline Dr/Savh, GA	$50,001 - $100,000	Rent	$5,001 - $15,000	
	5 Island Drive/Savh, GA	$100,001 - $250,000	Rent	$5,001 - $15,000	
	8424 Ferguson Ave/Savh, GA	$15,001 - $50,000	Rent	$1,001 - $2,500	
	108 18th St/Tybee Isl, GA	$100,001 - $250,000	Rent	$5,001 - $15,000	
	American Capitol Venture IRA	$15,001 - $50,000	Interest	None	

1988

1988

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	American Capitol Venture IRA	$15,001 - $50,000	Interest	None	
	Roswell, GA G/O Dtd 6/1/88	$15,001 - $50,000	Interest	$201 - $1,000	
	Gwinnett City, GA School District	$15,001 - $50,000	Interest	$201 - $1,000	
	Putnam Municipal Stocks	$1,001 - $15,000	Interest	$201 - $1,000	
	Cats Series S Zero Coupon Govt Bond Corporate Bonds	$1,001 - $15,000	Interest	$201 - $1,000	
	Strips-TINT Govt Securities	$1,001 - $15,000	Interest	$201 - $1,000	
	Europe Fund, Inc. Stock Fund Merrill Lynch	$1,001 - $15,000	Dividends	$201 - $1,000	
	CATS Zero Coupon Bonds (M Lynch)	$1,001 - $15,000	Interest	$201 - $1,000	
	Global Income Fund-Bond (M Lynch)	$1,001 - $15,000	Interest	$201 - $1,000	
	CATS Series A Coupon (I Johnson)	$15,001 - $50,000	Interest	$201 - $1,000	
	TIGER Coupon Book	$1,001 - $15,000	Interest	$201 - $1,000	
	Franklin Custodian Utility (Stock Mutual Fund-M Lynch)	$1,001 - $15,000	Dividends	$201 - $1,000	
	CATS Zero Coupon Bonds	$1,001 - $15,000	Interest	None	
	State of GA Retirement Plan	$1,001 - $15,000	N/A	None	
	Palmer & Cay Carswell 401K	$250,001 - $500,000	Interest	None	
	GA Develop Authority Municipal Bond-Marietta, GA	$1,001 - $15,000	Interest	$201 - $1,000	
	STRIPS Zero Coupon Govt Bond	$1,001 - $15,000	Interest	None	
	CATS Zero Coupon Bond	$1,001 - $15,000	Interest	$201 - $1,000	

1989

1989

Name Jack Kingston	Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Mr Newman Hall, Madison,TN	Mortgage 111 Jacqueline Dr/Savannah, GA	$15,001 - $50,000

1990

1990

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
GA Public Policy Foundation	2/23-24/97	Savh, GA-Atl, GA-Savh, GA	Y	Y	Y	None
Aspen Institute	3/07-09/97	DC-Hershey, PA	Y	Y	Y	None

1991

1991

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
1/5/93	J Kingston & State of Georgia	Health Care Plan

1992

1992

98 MAY 14 PM 12:41

(19)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Gerald D. Kleczka
(Full Name)

3268 S 9th St
(Mailing Address)

Milwaukee WI 53215

Daytime Telephone: 414-297-1140

Filer Status	[X] Member of the U.S. House of Representatives	State: WI District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Gerald D. Kleczka

DATE (Month/Day/Year): 5-14-98

1993

1993

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	George Washington University Health Plan	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

1994

1994

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	3262 S 9th St, Milw, WI Rental Property	$50,001 - $100,000	Rent	$5,001 - $15,000	
JT	Lincoln Savings, Milw, WI	$1,001 - $15,000	Interest	$1 - $200	
JT	Cong Fed Credit Union, Washington DC	$1,001 - $15,000	Interest	$1 - $200	
JT	North Shore Savings Bank, Milw, WI	$1 - $1,000	Interest	$1 - $200	
	Cong Fed Credit Union, Washington DC	$1 - $1,000	Interest	$1 - $200	
SP	Krupp, Insd Plus LP, IRA	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Income Fund of America	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	*
SP	Kaufman Fund, IRA	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	*

1995

1995

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Piper Jaffery, IRA	$1,001 - $15,000	Dividends	$1 - $200	*
SP	Dean Witter, IRA	$1,001 - $15,000	Dividends	$1 - $200	*
	Dean Witter, IRA (attached)	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	Dean Witter Nicholas Applegate Cap Management (attached)	$100,001 - $250,000	Capital Gains and Dividends	$15,001 - $50,000	
	Dean Witter Liquid Asset Acct	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Vanquard Index Trust	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
	Vanguard Reit	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
SP	Legg Mason Value Trust	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Security Cap Corp Stock	$100,001 - $250,000	Capital Gains and Dividends	$1,001 - $2,500	**
	Marshall /Ilsey Bank Stock	$100,001 - $250,000	Capital Gains and Dividends	$201 - $1,000	**
	Extended Stay America Stock	$1,001 - $15,000	Capital Gains	None	S
	Republic Ind. Income Stock	$1,001 - $15,000	Capital Gains	$2,501 - $5,000	S
	Rexworks, Inc Stock	$1,001 - $15,000	Capital Gains	None	S
	AB Freight Stock	$1,001 - $15,000	Capital Gains and Dividends	None	P
	Boeing Corp Stock	$1,001 - $15,000	Capital Gains and Dividends	None	P
	Callaway Golf Stock	$1,001 - $15,000	Dividends	$1 - $200	P
	Comp USA Stock	$1,001 - $15,000	Dividends	None	P
	Kohls Stock	$1,001 - $15,000	Dividends	None	P
	Wisconsin Retirement System		NA		NA
SP	TIAA CREF Retirement Acct		NA		NA
	Hartford Life Inc Stock	$1,001 - $15,000	Capital Gains	$201 - $1,000	P/S
	JD Edwards Stock	$1,001 - $15,000	Capital Gains	$201 - $1,000	P/S

1996

1996

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	* Income Fund IRA and Piper Jaffery IRA rolled over 1/97 to Kaufman Fund IRA and Dean Witter		NA		NA
	** Security Cap Corp sold to Marshall/Ilsey Bank 10/1/97 with shareholders being issued Marshall/Ilsey stock		NA		NA

1997

1997

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Extended Stay America Stock	Sold	2/18/97	$1,001 - $15,000
	Republic Ind, Inc Stock	Sold	2/18 & 5/21/97	$1,001 - $15,000
	Rexworks, Inc. Stock	Sold	7/24/97	$1,001 - $15,000
	Einstein Bagels Stock	Purchase	5/7/97	$1,001 - $15,000
	Einstein Bagels Stock	Sold	12/11/97	$1,001 - $15,000
	Hartford Life, Inc. Stock	Purchase	5/22/97	$1,001 - $15,000
	Hartford Life, Inc. Stock	Sold	9/3/97	$1,001 - $15,000
	Health & Retire PPTY Stock	Purchase	3/14/97	$1,001 - $15,000
	Health & Retire PPTY Stock	Sold	9/3/97	$1,001 - $15,000
	JD Edwards Stock	Purchase	9/23/96	$1,001 - $15,000
	JD Edwards Stocks	Sold	9/26/97	$1,001 - $15,000
	Quineco SA Stock	Purchase	6/24/97	$1,001 - $15,000
	Quineco SA Stock	Sold	9/16/97	$1,001 - $15,000
	Unibanko GDS Stock	Purchase	5/22/97	$1,001 - $15,000
	Unibanko GDS Stock	Sold	9/3/97	$1,001 - $15,000
	AB Best Freight Stock	Purchase	7/24/97	$1,001 - $15,000
	Boeing Corp Stock	Purchase	12/11/97	$1,001 - $15,000
	Callaway Golf Stock`	Purchase	2/18/97	$1,001 - $15,000

1998

1998

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Comp USA Stock	Purchase	1/6/97	$1,001 - $15,000
	Kohls Corp Stock	Purchase	9/3/97	$1,001 - $15,000
	Vanguard Index Trust	Purchase	2/6/97	$1,001 - $15,000
	Vanguard Reit	Purchase	2/5/97	$1,001 - $15,000
SP	Legg Mason Value Trust	Purchase	1/15 & 7/24/97	$1,001 - $15,000

1999

1999

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
JT	Lincoln Savings Bank	Mortgage-3262 S 9th St, Milwaukee, WI	$15,001 - $50,000

2000

2000

DEAN WITTER REYNOLDS INC.

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1997

Your Account Executive
MR PEAR/MR HANDO
DEAN WITTER REYNOLDS INC
1775 EYE STREET, NW SUITE 200
WASHINGTON, DC 20006
(202) 862-9000

Account Number AE
642 119460 022

Date of Birth
November 26, 1943

GERALD D KLECZKA 003845
3268 S 9TH STREET
MILWAUKEE WI 53215 4725

IRA Rollover
Dated 03/29/95

Asset Summary

	Value	Percent of assets
Money Market Funds	$124.86	0.2%
Stocks	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	48,545.79	99.8
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$48,670.65	100.0%
Cash	0.00	
Total Asset Value	$48,670.65	

Income Summary

	This Month	Year To Date
Money Market Funds	$0.44	$7.08
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	126.13	344.60
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$126.57	$351.68

Activity Summary

Total Asset Value as of October 31 1997		**$48,230.45**
Cash/Money Market Activity		
Closing Balance as of 10/31	$124.05	
Income	126.94	
Deposits	0.00	
Assets Sold	0.00	
Other	1,373.63	
Withdrawals	0.00	
Assets Bought	-1,499.76	
Closing Balance as of 12/31	124.86	
Net Change Cash/Money Market Activity		**0.81**
Changes in Asset Value		
Value of Priced Assets as of 10/31	$48,106.40	
Assets Bought	1,499.76	
Assets Received	0.00	
Assets Sold	0.00	
Assets Delivered	0.00	
Transactions at Fund Company	985.66	
Change in Value of Priced Assets	-2,046.03	
Value of Priced Assets as of 12/31	48,545.79	
Net Change in Asset Value		**439.39**
Total Asset Value as of December 31 1997		**$48,670.65**

Please see page 5 for your Account's Retirement Recap.

2001

DEAN WITTER REYNOLDS INC.

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1997

GERALD D KLECZKA
3268 S 9TH STREET

Account Number AE
642 119460 022

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
DEAN WITTER LIQUID ASSET FUND	124.86	0.2%	6
Total Cash and Money Market Funds	$124.86	0.2%	$6

Annualized 30 Day Yields	
Dean Witter Liquid Asset Fund	5.22%
Dean Witter US Govt Money Mkt	4.83%

Mutual Funds		Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Dean Witter Mutual Funds									
141.110	DEAN WITTER EUROPEAN GROWTH B	17.2600	2,435.55	5.0%	N/A	N/A	074958576	EUGBX	Reinv/Reinv
249.388	DEAN WITTER AMERICAN VALUE B	29.5100	7,359.43	15.1%	N/A	N/A	074949836	AMVBX	Reinv/Reinv
40.236	DEAN WITTER DIVIDEND GROWTH B	54.3400	2,186.42	4.5%	N/A	N/A	074953221	DIVBX	Reinv/Reinv
120.788	TCW/DW CORE EQUITY TRUST B	16.2200	1,959.18	4.0%	N/A	N/A	074963464	TCEBX	Reinv/Reinv
188.758	TCW/DW SMALL CAP GROWTH B	19.5500	3,690.21	7.6%	N/A	N/A	075065699	TSGBX	Reinv/Reinv
	Total Dean Witter Mutual Funds		17,630.79	36.2%	N/A	N/A			
Other Mutual Funds									
163.108	TEMPLETON DEVELOPING MARKETS	12.9400	2,110.61	4.3%	N/A	N/A	0000000018	TEDMX	Reinv/Reinv
44.298	ALLIANCE TECHNOLOGY CL B	49.2200	2,180.34	4.5%	N/A	N/A	0282003301	ATEBX	Reinv/Reinv
98.774	ALLIANCE GROWTH FUND CL B	34.9700	3,454.12	7.1%	N/A	N/A	0331024999	AGBBX	Reinv/Reinv
75.037	MFS EMERGING GROWTH FUND CL B	35.5700	2,669.06	5.5%	N/A	N/A	0000097756	MEGBX	Reinv/Reinv
94.655	OPPEN MAIN ST INC & GRTH A	33.3900	3,160.53	6.5%	N/A	N/A	7007002667	MSIGX	Reinv/Reinv
950.391	MORGAN STANLEY GLOBAL EQUITY B	9.9100	9,418.37	19.4%	N/A	N/A	0005927253	MGEBX	Reinv/Reinv
103.136	AIM CONSTELLATION FUND CL A	26.3800	2,720.72	5.6%	N/A	N/A	5004636956	CSTGX	Reinv/Reinv
102.693	EUROPACIFIC GROWTH FUND	26.0200	2,672.07	5.5%	N/A	N/A	0024149239	AEPGX	Reinv/Reinv
254.189	TEMPLETON FOREIGN FUND	9.9500	2,529.18	5.2%	N/A	N/A	0000049506	TEMFX	Reinv/Reinv
	Total Other Mutual Funds		30,915.00	63.6%	N/A	N/A			
Total Mutual Funds			$48,545.79	99.8%	N/A	N/A			

Asset Summary	Value	Est Yrly Income
Total Asset Value	48,670.65	$6

2002

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

YEAR END ASSETS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	5.05	---	---
DEAN WITTER INSURED ACCOUNT	9,075.37	7.2%	442
Total Cash and Money Market Funds	$9,080.42	7.2%	$442

Annualized 30 Day Yields

Active Assets Money Trust	5.32%
Active Assets Govt. Sec. Tr.	4.98%
Active Assets California Tax Free	2.97%
Active Assets Tax Free Trust	3.21%
Dean Witter Insured Account	4.88%
Active Assets Deposit Account	4.88%

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
14	ADAPTEC INC	37 1/8	519.75	0.4%	0	0.00%	ADPT	
119	ALLIED WASTE INDUSTRIES NEW	23 5/16	2,774.18	2.2%	0	0.00%	AWIN	
52	AMRESCO INC	30 1/4	1,573.00	1.3%	0	0.00%	AMMB	
41	APOLLO GROUP INC	47 1/4	1,937.25	1.6%	0	0.00%	APOL	
35	ASHLAND INCORPORATED	53 11/16	1,879.06	1.5%	38	2.04%	ASH	Next Dividend Payable 03/98
37	BED BATH & BEYOND INC	38 1/2	1,424.50	1.1%	0	0.00%	BBBY	
19	BJ SVCS CO	71 15/16	1,366.81	1.1%	0	0.00%	BJS	
34	BMC SOFTWARE	65 5/8	2,231.25	1.8%	0	0.00%	BMCS	
28	CAMCO INTERNATIONAL INC	63 11/16	1,783.25	1.4%	5	.31%	CAM	Next Dividend Payable 02/98
38	CAPITAL ONE FINANCIAL CORP	54 3/16	2,059.12	1.7%	12	.59%	COF	Next Dividend Payable 02/98
39	CENTEX CORP	62 15/16	2,454.56	2.0%	10	.44%	CTX	Next Dividend Payable 01/06/98
62	COGNEX CORP	27 1/4	1,689.50	1.4%	0	0.00%	CGNX	
67	COMPUWARE CORP	32	2,144.00	1.7%	0	0.00%	CPWR	
43	CONTINENTIAL ALNS INC CL B	48 1/8	2,069.37	1.7%	0	0.00%	CAIB	
22	COOPER CAMERON CORP	61	1,342.00	1.1%	0	0.00%	RON	
44	DALLAS SEMICONDUCTOR CORP	40 3/4	1,793.00	1.4%	6	.34%	DS	Next Dividend Payable 03/98
162	DARDEN RESTAURANTS	12 1/2	2,025.00	1.6%	12	.64%	DRI	Next Dividend Payable 05/98
46	DEXTER CORP	43 3/16	1,986.62	1.6%	44	2.22%	DEX	Next Dividend Payable 01/09/98
33	DOLLAR GENERAL CORPORATION	36 1/4	1,196.25	1.0%	5	.44%	DG	Next Dividend Payable 03/98
37	ENSCO INTL INC	33 1/2	1,239.50	1.0%	3	.29%	ESV	Next Dividend Payable 03/98
11	ESTEE LAUDER COMPANIES INC A	51 7/16	565.81	0.5%	3	.66%	EL	Next Dividend Payable 01/06/98
72	FAMILY DOLLAR STORES	29 5/16	2,110.50	1.7%	23	1.09%	FDO	Next Dividend Payable 01/15/98
39	FIRSTPLUS FINANCIAL GROUP INC	38 3/8	1,496.62	1.2%	0	0.00%	FPFG	
23	GENCORP INC	25	575.00	0.5%	13	2.40%	GY	Next Dividend Payable 02/98
65	GENERAL NUTRITION COS INC	34	2,210.00	1.8%	0	0.00%	GNCI	
49	GLOBAL MARINE INC NEW	24 9/16	1,203.56	1.0%	0	0.00%	GLM	
29	GUIDANT CORP	62 1/4	1,805.25	1.5%	1	.08%	GDT	Next Dividend Payable 03/98
52	HBO & CO	48	2,496.00	2.0%	4	.16%	HBOC	Next Dividend Payable 01/21/98
25	HEALTH MGMT ASSOC CL A	25 1/4	631.25	0.5%	0	0.00%	HMA	
18	HELMERICH&PAYNE INC	67 7/8	1,221.75	1.0%	10	.82%	HP	Next Dividend Payable 03/98
49	HEXCEL CORP NEW	24 15/16	1,221.93	1.0%	0	0.00%	HXL	
51	ICN PHARMACEUTICALS INC NEW	49	2,499.00	2.0%	16	.65%	ICN	Next Dividend Payable 01/98
31	JONES APPAREL GRP INC	43	1,333.00	1.1%	0	0.00%	JNY	

2003

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
89	KAUFMAN & BROAD HOME CP	22 7/16	1,996.93	1.6%	26	1.33%	KBH	Next Dividend Payable 02/98
78	KEANE INC	40 5/8	3,168.75	2.5%	0	0.00%	KEA	
38	LAFARGE	29 9/16	1,123.37	0.9%	18	1.62%	LAF	Next Dividend Payable 03/98
43	LEGATO SYSTEMS INC	44	1,892.00	1.5%	0	0.00%	LGTO	
56	LEXMARK INTL GROUP INC A	38	2,128.00	1.7%	0	0.00%	LXK	
17	LIZ CLAIBORNE	41 13/16	710.81	0.6%	7	1.07%	LIZ	Next Dividend Payable 03/98
16	MGIC INVT CORP	66 1/2	1,064.00	0.9%	1	.15%	MTG	Next Dividend Payable 03/98
48	MRV COMMUNICATION INC	23 7/8	1,146.00	0.9%	0	0.00%	MRVC	
91	NAVISTAR INTNL CORP NEW HLDG	24 13/16	2,257.93	1.8%	0	0.00%	NAV	
21	NETWORKS ASSOCIATES INC	52 7/8	1,110.37	0.9%	0	0.00%	NETA	
60	NO FORK BANCORP	33 3/4	2,025.00	1.6%	36	1.77%	NFB	Next Dividend Payable 02/98
25	OMNICOM GROUP	42 3/8	1,059.37	0.9%	12	1.17%	OMC	Next Dividend Payable 01/05/98
25	OMNICOM GROUP	42 3/8	1,059.37	0.9%	12	1.17%	OMC	Pending Stock Distribution
45	ORBOTECH LTD	31 7/8	1,434.37	1.2%	0	0.00%	ORBKF	
19	PARKER HANNIFIN CORP	45 7/8	871.62	0.7%	11	1.30%	PH	Next Dividend Payable 03/98
78	ROBERT HALF INT	40	3,120.00	2.5%	0	0.00%	RHI	
54	ROHAN COMPANIES INC	30 1/2	1,647.00	1.3%	0	0.00%	RDC	
39	SCI SYSTEMS INC	43 9/16	1,698.93	1.4%	0	0.00%	SCI	
17	SLM HOLDING CORP	139 1/8	2,365.12	1.9%	33	1.40%	SLM	Next Dividend Payable 01/02/98
42	SMITHFIELD FOODS INC (VA)	33	1,386.00	1.1%	0	0.00%	SFDS	
26	STORAGE TECHNOLOGY CORP NEW	61 15/16	1,610.37	1.3%	0	0.00%	STK	
42	SUNBEAM CORPORATION	42 1/4	1,774.50	1.4%	1	.09%	SOC	Next Dividend Payable 03/98
12	SYBRON INTL CP WISC	46 15/16	563.25	0.5%	0	0.00%	SYB	
49	TANDY CORP	38 9/16	1,889.56	1.5%	19	1.03%	TAN	Next Dividend Payable 01/98
36	TEXAS INDUSTRIES	45	1,620.00	1.3%	10	.66%	TXI	Next Dividend Payable 01/26/98
29	TIDEWATER INC	55 3/8	1,605.87	1.3%	17	1.08%	TDW	Next Dividend Payable 03/98
16	TIFFANY & COMPANY NEW	36 1/16	577.00	0.5%	4	.77%	TIF	Next Dividend Payable 01/12/98
79	TJX COS INC NEW	34 3/8	2,715.62	2.2%	15	.58%	TJX	Next Dividend Payable 02/98
42	TORCHMARK CORP	42 3/16	1,771.87	1.4%	25	1.42%	TMK	Next Dividend Payable 01/31/98
41	TRANSACTION SYS ARCH INC A	38	1,558.00	1.3%	0	0.00%	TSAI	
20	UAL CORP .01 NEW	92 1/2	1,850.00	1.5%	0	0.00%	UAL	
125	UNISYS CORP	13 7/8	1,734.37	1.3%	0	0.00%	UIS	
44	UNIVERSAL CP VA	41 1/8	1,809.50	1.4%	49	2.72%	UVV	Next Dividend Payable 02/98
39	VITESSE SEMICONDUCTORS	37 3/4	1,472.25	1.1%	0	0.00%	VTSS	
16	VULCAN MATERIALS CO	102 1/8	1,634.00	1.3%	30	1.84%	VMC	Next Dividend Payable 03/98
26	WEBSTER FINCL CORP	66 1/2	1,729.00	1.3%	20	1.20%	WBST	Next Dividend Payable 02/98
55	WOLVERINE WORLD WIDE	22 5/8	1,244.37	1.0%	4	.38%	WWW	Next Dividend Payable 02/02/98
Total Stocks			$115,282.11	92.8%	$571	.49%		

2004

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

Asset Summary	Value	Est Yrly Income
Total Asset Value	124,362.53	$1,014

1997 ACTIVITY DETAILS

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	03-12	Bought	18	ADAPTEC INC	38.3750	690.75	
	03-14	Bought	22	ADAPTEC INC	37.5000	825.00	
	09-26	Sold	5	ADAPTEC INC	50.0625	250.30	
	12-29	Sold	21	ADAPTEC INC	36.8466	773.75	
	09-23	Sold	46	ADC TELECOMMUNICATIONS	34.9840	1,609.20	
	05-01	Bought	17	ADOBE SYSTEMS	39.2812	667.78	
	06-25	Sold	17	ADOBE SYSTEMS	36.4225	619.15	
	09-03	Bought	124	ALLIED WASTE INDUSTRIES NEW	15.3375	1,901.85	
	09-29	Sold	5	ALLIED WASTE INDUSTRIES NEW	18.3750	91.87	
	04-01	Bought	14	ALTERA CP	47.5000	665.00	
	04-09	Bought	15	ALTERA CP	47.8196	717.29	
	09-29	Sold	10	ALTERA CP	56.2500	562.48	
	10-28	Sold	19	ALTERA CP	45.2050	858.87	
	03-20	Bought	41	AMER POWER CONVER	20.5916	844.26	
	06-27	Sold	71	AMER POWER CONVER	20.6563	1,466.55	
	04-01	Bought	15	AMERICAN STANDARD COMPANIES	45.8433	687.65	
	04-08	Bought	14	AMERICAN STANDARD COMPANIES	45.5000	637.00	
	07-29	Sold	29	AMERICAN STANDARD COMPANIES	47.7527	1,384.78	
	10-02	Bought	52	AMRESCO INC	34.7500	1,807.00	
	09-26	Sold	5	APOLLO GROUP INC	37.1129	185.55	
	05-29	Sold	28	ASCEND COMMUNICATIONS INC	50.5798	1,416.18	
	10-14	Bought	35	ASHLAND INCORPORATED	53.7072	1,879.75	
	10-29	Bought	61	AVX CORPORATION	30.4931	1,860.08	
	12-24	Sold	61	AVX CORPORATION	19.4276	1,185.04	
	01-09	Bought	18	BARRETT RESOURCES CORP	41.5000	747.00	
	01-16	Bought	16	BARRETT RESOURCES CORP	46	736.00	
	03-26	Sold	34	BARRETT RESOURCES CORP	34.2096	1,163.09	
	11-26	Sold	25	BED BATH & BEYOND INC	33.6307	840.74	
	09-02	Bought	150	BETHLEHEM STEEL CORP	12.0937	1,814.06	
	12-12	Sold	150	BETHLEHEM STEEL CORP	9.1926	1,378.84	
	02-27	Bought	15	BIOGEN INC MASS	49.7500	746.25	
	05-01	Sold	15	BIOGEN INC MASS	31.0263	465.37	
	01-10	Bought	14	BJ SVCS CO	52	728.00	
	10-02	Bought	5	BJ SVCS CO	73.3125	366.56	

2005

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

Assets

Date	Activity	Quantity	Description	Price	Amount	Additional Information
05-28	Sold	30	BLYTH INDUSTRIES INC	36.8323	1,104.93	
03-27	Stock Dividend	17	BORDERS GROUP INC			
04-02	Bought	17	BORDERS GROUP INC	40.7457	692.68	TRADE CARRIES STOCK DISTRIB.
04-30	Sold	34	BORDERS GROUP INC	21.3750	726.72	
06-02	Sold	39	BOSTON CHICKEN INC	17.8341	695.50	
05-30	Sold	51	CADENCE DESIGN SYSTEM	34.1351	1,740.83	
04-30	Sold	56	CALLAWAY GOLF COMPANY	29.9578	1,677.58	
05-30	Bought	14	CAMCO INTERNATIONAL INC	51.2414	717.38	
06-10	Bought	14	CAMCO INTERNATIONAL INC	53.7451	752.43	
12-01	Bought	38	CAPITAL ONE FINANCIAL CORP	45.5000	1,729.00	
02-26	Sold	32	CASCADE COMMUNICATION CORP	26.3500	843.17	
03-31	Sold	29	CATALINA MARKETING CORP	41.2965	1,197.56	
01-13	Bought	20	CENTEX CORP	37.8750	757.50	
01-21	Bought	19	CENTEX CORP	39.3191	747.06	
05-29	Sold	37	CHARTER ONE FINCL	46.1967	1,709.22	
12-31	Stock Dividend	31	CHESAPEAKE ENERGY CORP OKLA.			
03-24	Sold	62	CHESAPEAKE ENERGY CORP	22.5910	1,400.59	
12-02	Bought	62	COGNEX CORP	26.1250	1,619.75	
03-31	Sold	61	COGNOS INC	24.1250	1,471.63	
06-02	Bought	22	COGNOS INC	32.2500	709.50	
06-04	Bought	24	COGNOS INC	31.4720	755.33	
10-08	Sold	20	COGNOS INC	22.6250	452.50	
10-10	Sold	26	COGNOS INC	24.1250	627.25	
02-26	Sold	54	COHAIR HOLDINGS	20.0867	1,084.64	
01-28	Sold	74	COMPUSA INC	17.5000	1,294.95	
04-14	Stock Dividend	32	COMPUWARE CORP			
09-26	Sold	10	COMPUWARE CORP	59.5000	594.98	
11-04	Stock Dividend	54	COMPUWARE CORP			
11-26	Sold	41	COMPUWARE CORP	36.6352	1,501.99	
05-02	Sold	67	CONCORD EFS INC	17.9604	1,203.30	
02-11	Stock Dividend	32	CONSECO INC			
05-29	Sold	64	CONSECO INC	39.5000	2,527.91	
04-02	Bought	21	CONTINENTIAL ALNS INC CL B	32.6250	685.13	
04-08	Bought	22	CONTINENTIAL ALNS INC CL B	30.6250	673.75	
01-29	Bought	10	COOPER CAMERON CORP	72.7087	727.09	
01-31	Bought	10	COOPER CAMERON CORP	74.1074	741.07	
06-12	Stock Dividend	20	COOPER CAMERON CORP			
11-26	Sold	18	COOPER CAMERON CORP	63	1,133.96	
04-02	Sold	60	CORRECTIONS CP OF AMER	24.6250	1,477.45	
10-01	Bought	40	CRANE CO	41.9375	1,677.50	
11-04	Sold	40	CRANE CO	40.7178	1,628.65	
05-30	Bought	42	CREATIVE TECH LTD ORD	17.9921	755.67	
06-03	Bought	38	CREATIVE TECH LTD ORD	18.6532	708.82	
07-31	Sold	80	CREATIVE TECH LTD ORD	23.1500	1,851.93	
07-01	Bought	44	DALLAS SEMICONDUCTOR CORP	37.3750	1,644.50	
10-30	Bought	162	DARDEN RESTAURANTS	11.0405	1,788.56	

2006

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	05-30	Bought	19	DEVON ENERGY CP OK	37.3750	710.13	
	06-03	Bought	20	DEVON ENERGY CP OK	37.4278	748.56	
	09-26	Sold	15	DEVON ENERGY CP OK	41.0979	616.44	
	12-26	Sold	24	DEVON ENERGY CP OK	36 1/16	865.47	
	08-08	Bought	46	DEXTER CORP	39.9951	1,839.77	
	02-19	Stock Dividend	13	DIEBOLD INC			
	05-29	Sold	39	DIEBOLD INC	35.3125	1,377.14	
	02-12	Stock Dividend	5	DOLLAR GENERAL CORPORATION			
	09-22	Stock Dividend	6	DOLLAR GENERAL CORPORATION			
	03-10	Sold	50	DSP COMMUNICATION INC	10.0380	501.88	
	08-28	Sold	38	DURA PHARMACEUTICALS	36.1000	1,371.75	
	08-01	Sold	51	EDWARDS AG INCORPORATED	39.7081	2,025.04	
	09-15	Stock Dividend	16	ENSCO INTL INC			
	10-02	Bought	15	ENSCO INTL INC	38.9344	584.02	
	11-14	Bought	16	ENSCO INTL INC	43.3843	694.15	
	11-25	Sold	26	ENSCO INTL INC	38.4353	999.28	
	03-31	Sold	48	EQUIFAX INC	29	1,391.95	
	05-30	Bought	14	ESTEE LAUDER COMPANIES INC A	50.7529	710.54	
	06-04	Bought	15	ESTEE LAUDER COMPANIES INC A	50.9930	764.90	
	11-26	Sold	18	ESTEE LAUDER COMPANIES INC A	51.6250	929.21	
	05-01	Bought	25	FAMILY DOLLAR STORES	26	650.00	
	05-16	Bought	30	FAMILY DOLLAR STORES	26.1250	783.75	
	07-31	Stock Dividend	27	FAMILY DOLLAR STORES			
	09-26	Sold	10	FAMILY DOLLAR STORES	23.7500	237.49	
	08-29	Bought	39	FIRSTPLUS FINANCIAL GROUP INC	43.3333	1,690.00	
	05-30	Bought	19	FISERV INC WISCONSIN	39.3437	747.53	
	06-03	Bought	18	FISERV INC WISCONSIN	40.0485	720.87	
	09-26	Sold	5	FISERV INC WISCONSIN	47.5000	237.49	
	11-26	Sold	32	FISERV INC WISCONSIN	48.8750	1,563.94	
	01-09	Sold	42	FLEETWOOD ENTERPRISES	26.6208	1,118.03	
	01-24	Sold	32	FORE SYSTEMS INC	30.5067	976.17	
	05-06	Bought	16	FRED MEYER INC	41.9819	671.71	
	09-12	Received	16	FRED MEYER INC NEW			EXCHANGE
	09-12	Tender	16	FRED MEYER INC			EXCHANGE
	09-30	Stock Dividend	16	FRED MEYER INC NEW			
	10-29	Sold	32	FRED MEYER INC NEW	26.5000	847.97	
	01-10	Bought	20	FRUIT OF THE LOOM A	36.5576	731.15	
	01-21	Bought	20	FRUIT OF THE LOOM A	38.1250	762.50	
	06-19	Sold	40	FRUIT OF THE LOOM A	32.8750	1,314.95	
	04-30	Sold	48	GARTNER GROUP CL A	22	1,055.96	
	06-16	Stock Dividend	39	GATEWAY 2000 INC			
	07-29	Sold	40	GATEWAY 2000 INC	43.2271	1,729.02	
	08-28	Sold	38	GATEWAY 2000 INC	41.0079	1,558.24	
	08-15	Bought	66	GENCORP INC	27.6250	1,823.25	
	11-26	Sold	18	GENCORP INC	25.8341	464.99	
	12-30	Sold	25	GENCORP INC	23 2/16	578.11	

2007

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	04-02	Bought	33	GENERAL NUTRITION COS INC	20.8750	688.88	
	06-02	Bought	32	GENERAL NUTRITION COS INC	22.7500	728.00	
	01-28	Bought	34	GLOBAL MARINE INC NEW	23.7912	808.90	
	04-14	Bought	30	GLOBAL MARINE INC NEW	21.8750	656.25	
	09-26	Sold	15	GLOBAL MARINE INC NEW	33.0137	495.19	
	12-31	Sold	49	GLOBAL MARINE INC NEW	24.8077	1,215.53	UNSETTLED SALE
	12-16	Sold	44	GREEN TREE FINANCIAL CORP	24.1012	1,060.41	
	09-16	Stock Dividend	24	GUIDANT CORP			
	09-29	Sold	5	GUIDANT CORP	53 12/16	268.74	
	10-23	Sold	14	GUIDANT CORP	63	881.97	
	09-09	Stock Dividend	32	HBO & CO			
	12-17	Sold	12	HBO & CO	45.7500	548.98	
	10-23	Stock Dividend	32	HEALTH MGMT ASSOC CL A			
	11-26	Sold	46	HEALTH MGMT ASSOC CL A	24.7500	1,138.46	
	12-29	Sold	25	HEALTH MGMT ASSOC CL A	23.1418	578.53	
	01-09	Bought	14	HELMERICH&PAYNE INC	52.3310	732.63	
	01-17	Bought	14	HELMERICH&PAYNE INC	55.0774	771.08	
	09-26	Sold	10	HELMERICH&PAYNE INC	76.4679	764.65	
	09-26	Bought	67	HEXCEL CORP NEW	29.5567	1,980.30	
	11-28	Sold	18	HEXCEL CORP NEW	25.1250	452.23	
	05-30	Sold	36	HFS INCORPORATED	58.7500	2,114.92	
	08-29	Bought	52	ICN PHARMACEUTICALS INC NEW	35.9694	1,870.41	
	09-26	Sold	10	ICN PHARMACEUTICALS INC NEW	49.6542	496.52	
	11-14	Bought	9	ICN PHARMACEUTICALS INC NEW	50.2007	451.81	
	06-02	Bought	16	JONES APPAREL GRP INC	46.2217	739.55	
	06-04	Bought	15	JONES APPAREL GRP INC	46.6692	700.04	
	09-29	Bought	89	KAUFMAN & BROAD HOME CP	20.4706	1,821.88	
	03-04	Bought	20	KEANE INC	36.7500	735.00	
	03-05	Bought	19	KEANE INC	35.3750	672.13	
	08-29	Stock Dividend	39	KEANE INC			
	01-08	Sold	61	LA QUINTA INNS INC	18.3125	1,117.02	
	05-07	Bought	28	LAFARGE	24.7287	692.40	
	07-16	Bought	30	LAFARGE	25.2871	758.61	
	12-26	Sold	20	LAFARGE	28	559.98	
	05-30	Bought	12	LATTICE SEMICONDUCTOR	60.7437	728.92	
	10-02	Bought	10	LATTICE SEMICONDUCTOR	65.4575	654.58	
	10-30	Sold	22	LATTICE SEMICONDUCTOR	49.0768	1,079.65	
	01-14	Sold	44	LCI INTL INC	19.9426	877.44	
	12-01	Bought	43	LEGATO SYSTEMS INC	36.4867	1,568.93	
	08-05	Bought	56	LEXMARK INTL GROUP INC	32.5361	1,822.02	
	08-08	Sold	36	LINCARE HLDGS INC	47.1667	1,697.94	
	02-25	Sold	44	LIZ CLAIBORNE	41.7475	1,836.82	
	11-12	Bought	35	LIZ CLAIBORNE	52.0950	1,823.33	
	12-26	Sold	18	LIZ CLAIBORNE	41 1/4	742.47	
	03-07	Bought	18	MASTEC INC	38.7004	696.61	
	04-02	Sold	18	MASTEC INC	23.9524	431.12	

2008

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	02-27	Bought	12	MC AFEE ASSOCIATES INC	55.1930	662.32	
	03-06	Bought	19	MC AFEE ASSOCIATES INC	47.3540	899.73	
	09-29	Sold	10	MC AFEE ASSOCIATES INC	51.6250	516.23	
	05-02	Bought	8	MGIC INVT CORP	79.8908	639.13	
	06-02	Stock Dividend	8	MGIC INVT CORP			
	01-29	Bought	34	MICRON ELECTRONICS INC	22	748.00	
	04-10	Bought	29	MICRON ELECTRONICS INC	22.4605	651.35	
	05-19	Sold	63	MICRON ELECTRONICS INC	16.6120	1,046.52	
	08-04	Bought	58	MRV COMMUNICATION INC	31.2500	1,812.50	
	09-26	Sold	10	MRV COMMUNICATION INC	37.7121	377.10	
	08-28	Sold	19	NATIONAL DATA CORP	37.3712	710.02	
	07-08	Bought	91	NAVISTAR INTNL CORP NEW HLDG	18.4150	1,675.77	
	03-03	Bought	18	NO FORK BANCORP	40.7760	733.97	
	03-06	Bought	17	NO FORK BANCORP	40.2500	684.25	
	05-15	Stock Dividend	35	NO FORK BANCORP			
	09-26	Sold	10	NO FORK BANCORP	28.0983	280.97	
	02-28	Sold	96	NOBLE DRILLING	18	1,727.94	
	03-26	Bought	14	NY TIMES CL A COMMON	47.5000	665.00	
	04-08	Bought	16	NY TIMES CL A COMMON	43.4822	695.72	
	08-14	Sold	30	NY TIMES CL A COMMON	47.8250	1,434.70	
	03-27	Bought	14	OMNICOM GROUP	49.6796	695.51	
	06-10	Bought	11	OMNICOM GROUP	60	660.00	
	08-13	Bought	45	ORBOTECH LTD	43.6250	1,963.13	
	05-02	Bought	25	OWENS ILLINOIS COM NEW	25.9772	649.43	
	05-16	Bought	26	OWENS ILLINOIS COM NEW	29.2500	760.50	
	10-31	Sold	51	OWENS ILLINOIS COM NEW	30	1,529.94	
	09-29	Sold	15	OXFORD HEALTH PLANS	76.7500	1,151.21	
	11-07	Sold	17	OXFORD HEALTH PLANS	26.1068	443.80	
	03-25	Sold	36	PAIRGAIN TECHNOLOGIES	25.8267	929.72	
	06-02	Sold	40	PARAMETRIC TECHNOLOGY CORP	42.7500	1,709.94	
	05-30	Bought	13	PARKER HANNIFIN CORP	53.0599	689.78	
	09-05	Stock Dividend	6	PARKER HANNIFIN CORP			
	04-01	Sold	60	PEOPLESOFT INC	41.4465	2,486.70	
	05-01	Sold	37	PHYCOR INC	23.8958	884.11	
	03-03	Bought	16	QUANTUM CP	45.2500	724.00	
	03-06	Bought	20	QUANTUM CP	40.2500	805.00	
	05-28	Sold	3	QUANTUM CP	38.8750	116.62	TRADE CARRIES STOCK DISTRIB.
	06-09	Stock Dividend	33	QUANTUM CP			
	06-13	Sold	20	QUANTUM CP	20.1566	403.11	
	09-26	Sold	25	QUANTUM CP	40.8750	1,021.84	
	12-16	Sold	21	QUANTUM CP	18.5201	388.90	
	01-24	Sold	20	QUINTILES TRANSNATIONAL	75.1000	1,501.95	
	04-02	Bought	60	RELIANCE GROUP HOLDINGS INC	11.6250	697.50	
	06-04	Bought	63	RELIANCE GROUP HOLDINGS INC	11.9439	752.47	
	10-03	Sold	35	RELIANCE GROUP HOLDINGS INC	13.8542	484.88	
	10-29	Sold	88	RELIANCE GROUP HOLDINGS INC	14	1,231.95	

2009

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	01-08	Sold	54	REYNOLDS&REYNOLDS A	25.5651	1,380.47	
	09-26	Stock Dividend	26	ROBERT HALF INT			
	09-26	Sold	10	ROBERT HALF INT	61.3851	613.82	TRADE CARRIES STOCK DISTRIB.
	08-05	Bought	77	ROHR INCORPORATED	23.7500	1,828.75	
	09-29	Sold	77	ROHR INCORPORATED	30.9338	2,381.82	
	04-08	Bought	24	ROWAN COMPANIES INC	21.7737	522.57	
	09-26	Sold	5	ROWAN COMPANIES INC	34.1358	170.67	
	06-30	Sold	60	SAFEWAY INC COM NEW	47.7371	2,864.13	
	04-03	Bought	58	SCHULLER CORPORATION	11.7492	681.45	
	05-06	Sold	58	SCHULLER CORPORATION	9.8750	572.73	
	06-02	Bought	11	SCI SYSTEMS INC	66.8750	735.63	
	06-03	Bought	11	SCI SYSTEMS INC	65.0244	715.27	
	08-22	Stock Dividend	22	SCI SYSTEMS INC			
	09-29	Sold	5	SCI SYSTEMS INC	47.1298	235.64	
	07-10	Bought	26	SMITHFIELD FOODS INC DEL	59	1,534.00	
	09-26	Stock Dividend	21	SMITHFIELD FOODS INC (VA)			
	09-26	Sold	5	SMITHFIELD FOODS INC (VA)	61.5000	307.48	TRADE CARRIES STOCK DISTRIB.
	01-09	Bought	23	STANLEY WORKS	32.2500	741.75	
	02-25	Sold	23	STANLEY WORKS	37.1295	853.95	
	01-15	Stock Dividend	40	STAR BANC CORP			
	08-29	Sold	60	STAR BANC CORP	45.1667	2,709.90	
	03-25	Sold	38	STORAGE TECHNOLOGY CORP NEW	38.4275	1,460.20	
	12-08	Bought	26	STORAGE TECHNOLOGY CORP NEW	66	1,716.00	
	08-01	Bought	32	STRATUS COMPUTER INCORPORATED	51.1140	1,635.65	
	11-26	Sold	32	STRATUS COMPUTER INCORPORATED	32.7051	1,046.52	
	05-22	Bought	22	SUNBEAM CORPORATION	32.3750	712.25	
	07-10	Bought	20	SUNBEAM CORPORATION	39.1318	782.64	
	09-26	Sold	5	SYBRON INTL CP WISC	42.4375	212.18	
	11-26	Sold	17	SYBRON INTL CP WISC	43.7999	744.57	
	12-26	Sold	16	SYBRON INTL CP WISC	44.9138	718.59	
	02-28	Sold	42	T C F FINANCIAL	46.6250	1,958.18	
	06-02	Bought	13	TANDY CORP	54	702.00	
	06-03	Bought	14	TANDY CORP	54.1250	757.75	
	09-22	Stock Dividend	27	TANDY CORP			
	09-26	Sold	5	TANDY CORP	33.8750	169.37	
	11-19	Bought	36	TEXAS INDUSTRIES	48.2500	1,737.00	
	01-16	Sold	56	THE MONEY STORE INC	24.2500	1,357.95	
	10-15	Bought	29	TIDEWATER INC	65.5703	1,901.54	
	05-30	Bought	16	TIFFANY & COMPANY NEW	45	720.00	
	06-26	Stock Dividend	42	TJX COS INC NEW			
	09-26	Sold	5	TJX COS INC NEW	31.6912	158.45	
	05-05	Bought	11	TORCHMARK CORP	62.3896	686.29	
	05-20	Bought	10	TORCHMARK CORP	65.5000	655.00	
	08-01	Stock Dividend	21	TORCHMARK CORP			
	10-30	Bought	41	TRANSACTION SYS ARCH INC A	43.7239	1,792.68	
	04-01	Bought	10	UAL CORP .01 NEW	65.9942	659.94	

2010

DEAN WITTER REYNOLDS INC.

1997 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

Assets

Date	Activity	Quantity	Description	Price	Amount	Additional Information
04-10	Bought	10	UAL CORP .01 NEW	69	690.00	
12-01	Bought	125	UNISYS CORP	14.0714	1,758.93	
05-30	Sold	47	UNITED WASTE SYSTEMS INC	37.6250	1,768.32	
12-02	Bought	44	UNIVERSAL CP VA	39.4843	1,737.31	
01-08	Sold	61	USA WASTE SVC	30.6250	1,868.06	
04-01	Bought	32	USF & G CORP	22.1250	708.00	
06-04	Sold	32	USF & G CORP	21.2916	681.30	
02-28	Stock Dividend	7	VITESSE SEMICONDUCTORS			
10-02	Bought	5	VITESSE SEMICONDUCTORS	51.3750	256.88	
11-14	Bought	12	VITESSE SEMICONDUCTORS	43.8750	526.50	
10-08	Bought	50	VLSI TECHNOLOGY INC	37.0080	1,850.40	
12-26	Sold	50	VLSI TECHNOLOGY INC	20.7279	1,036.36	
12-18	Bought	16	VULCAN MATERIALS CO	100.3306	1,605.29	
12-31	Bought	26	WEBSTER FINCL CORP	62.7500	1,631.50	
05-05	Sold	22	WESTERN DIGITAL CORPORATION	63	1,385.95	
05-29	Sold	10	WESTERN DIGITAL CORPORATION	53.7500	537.48	TRADE CARRIES STOCK DISTRIB.
06-03	Stock Dividend	22	WESTERN DIGITAL CORPORATION			
06-13	Sold	26	WESTERN DIGITAL CORPORATION	29.2124	759.49	
09-26	Sold	5	WESTERN DIGITAL CORPORATION	49.8125	249.05	
10-22	Sold	13	WESTERN DIGITAL CORPORATION	36.2966	471.84	
05-01	Bought	16	WOLVERINE WORLD WIDE	38.7880	620.61	
05-21	Bought	21	WOLVERINE WORLD WIDE	38.8750	816.38	TRADE CARRIES STOCK DISTRIB.
05-23	Stock Dividend	18	WOLVERINE WORLD WIDE			
08-28	Sold	64	WOOLWORTH CORP	24.1800	1,547.46	
05-14	Stock Dividend	51	ZIONS BANCORP			
07-29	Sold	68	ZIONS BANCORP	35.6250	2,422.41	

Income

Activity	Description	Amount	Income Category
Taxable Interest	DEAN WITTER INSURED ACCOUNT	175.98	Money Market Funds
Dividend	ASHLAND INCORPORATED	9.63	Stocks
Dividend	AVX CORPORATION	3.66	Stocks
Dividend	CALLAWAY GOLF COMPANY	7.84	Stocks
Dividend	CAMCO INTERNATIONAL INC	2.80	Stocks
Dividend	CENTEX CORP	6.63	Stocks
Dividend	CHARTER ONE FINCL	17.76	Stocks
Dividend	COMAIR HOLDINGS	3.24	Stocks
Dividend	CONSECO INC	4.00	Stocks
Dividend	DALLAS SEMICONDUCTOR CORP	3.08	Stocks
Dividend	DEVON ENERGY CP OK	5.10	Stocks
Dividend	DEXTER CORP	11.04	Stocks
Dividend	DIEBOLD INC	9.76	Stocks
Dividend	DOLLAR GENERAL CORPORATION	5.37	Stocks
Dividend	EDWARDS AG INCORPORATED	26.52	Stocks
Dividend	ENSCO INTL INC	1.73	Stocks
Dividend	EQUIFAX INC	3.96	Stocks

2011

RECEIVED

98 MAY 15 PM 3:54

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Ronald Klink
(Full Name)

3410 Lashan Drive
(Mailing Address)
Murrysville, PA 15668-9480

(202) 225-2565
Daytime Telephone

HAND DELIVERED

MC (9)
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State PA District 4th CD	[X] Officer or Employee	Employing Office US House of Representatives
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ron Klink

DATE (Month/Day/Year) 5/15/98

2012

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Linda Klink, Beauty Shop	Spouse/Self Employed	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2013

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500

This page may be copied if more space is required.

2014

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	Block C	Block D	Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X						Royalties				X								P
	Simon & Schuster			Indefinite																									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	East Ohio Street Property			X													Partnership Income						X									
SP	Inland Monthly Inc. Fund				X												Partnership Income							X								
JD	Dagwood, Inc.			X										X							X											
JT	Westinghouse Common Stock				X									X							X											
JT	Irwin Bank			X											X								X									
JT	Irwin Bank			X											X							X										

For additional assets and unearned income, use next page.

2015

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald Klink

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Paine Weber-Mutual Fund, IRA				X									X		X	X					N/A		IRA								
SP	Paine Weber-Mutual Fund, IRA				X									X		X	X					N/A		IRA								
SP	Resources Trust IRA		X											X								N/A		IRA								
SP	Canada Life Assoc. Trust IRA		X											X								N/A		IRA								
SP	Pioneer III IRA			X										X		X	X					N/A		IRA								
JT	The American Funds Group IRA		X											X		X	X					N/A		IRA								
DC	Pioneer II			X										X			X						X									
SP	Washington Mutual, Inc. IRA			X										X								N/A		IRA								
JT	Great Western Financial	X												X			X										X					S
JT	Fore Systems	X																		Capital Loss	X											S
JT	Rob Roy Ind			X										X									X									
DC	Microsoft			X										X							X											
DC	II VI Corp.			X										X							X											
JT	Paine Weber Money Market		X											X									X									
JT	Medtronic, Inc			X										X									X									P
JT	Pepsico				X									X										X								P
JT	Hewlett Packard			X										X									X									
JT	Intel				X									X									X									
JT	3 Com Corp				X									X									X									
JT	K Mart Corp			X										X									X									
JT	Medtronic, Inc			X										X									X									

This page may be copied if more space is required.

2016

SCHEDULE IV — TRANSACTIONS

Name Ronald Klink

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–97		X								
JT	Great Western Financial		X		2-19-97			X							
JT	Fore Systems		X		4-11-97	X									
JT	Medtronic	X			2-20-97	X									
JT	Pepsico	X			2-20-97		X								
JT	Land-Parcel H-12-00-0-136		X		8-21-97				X						
JT	Hewlett Packard	X			8-27-97	X									
JT	Intel	X			8-27-97		X								
JT	3 Com Corp	X			8-27-97		X								
JT	Fore Systems	X			2-25-97	X									
JT	K Mart Corp	X			2-25-97	X									
JT	Hartford Director Var Annuity	X			2-27-97		X								

This page may be copied if more space is required.

2017

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

65—

Use additional sheets if more space is required.

2018

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Hellenic Inst., Inc.	Aug. 23-30	Wash.,DC - Greece - Wash.,DC	Y	Y	Y	N
	American Crop. Protection Assoc.	Sept.26-28	Wash.,DC - White Sulfer Spring W.VA-Wash DC	Y	Y	Y	N
	Pandode Kanisian Society	March 14-17	Wash.,DC - Toronto Ontario - Wash.,DC	Y	Y	Y	N

This page may be copied if more space is required.

2019

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

2020

RECEIVED
CLERK OF THE HOUSE
93 JUN 11 PM 3:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓ HAND DELIVERED (9)
HC
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Ronald Klink
(Full Name)

3410 Lashan Drive
(Mailing Address)
Murrysville, PA 15668-9480

(202) 225-2565
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 4th CD	[X] Officer or Employee	Employing Office: US House of Representatives	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[X] Amendment		[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ron Klink

DATE (Month/Day/Year) 6/11/98

2021

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Linda Klink, Beauty Shop	Spouse/Self Employed	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2022

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500

This page may be copied if more space is required.

2023

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp. Stock					X								X																		
DC, JT	Examples: Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
JT	East Ohio Street Property			X													Partnership Income						X									
SP	Inland Monthly Inc. Fund				X												Partnership Income							X								
JD	Dagwood, Inc.			X										X							X											
JT	Westinghouse Common Stock				X									X							X											
JT	Irwin Bank			X											X								X									
JT	Irwin Bank			X											X							X										

For additional assets and unearned income, use next page.

2024

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald Klink

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Paine Weber-Mutual Fund, IRA				X									X		X	X					N/A		IRA								
SP	Paine Weber-Mutual Fund, IRA				X									X		X	X					N/A		IRA								
SP	Resources Trust IRA		X											X								N/A		IRA								
SP	Canada Life Assoc. Trust IRA		X											X								N/A		IRA								
SP	Pioneer III IRA			X										X		X	X					N/A		IRA								
JT	The American Funds Group IRA		X											X		X	X					N/A		IRA								
DC	Pioneer II			X										X			X								X							
SP	Washington Mutual, Inc. IRA			X										X								N/A		IRA								
JT	Great Western Financial	X												X			X										X					S
JT	Fore Systems	X																		Capital Loss	X											S
JT	Rob Roy Ind			X										X									X									
DC	Microsoft			X										X							X											
DC	II VI Corp.			X										X							X											
JT	Paine Weber Money Market		X											X									X									
JT	Medtronic, Inc			X										X									X									P
JT	Pepsico				X									X										X								P
JT	Hewlett Packard			X										X									X									P
JT	Intel				X									X									X									P
JT	3 Com Corp				X									X									X									P
JT	K Mart Corp			X										X									X									P
JT	Medtronic, Inc			X										X									X									P
JT	Hartfoed Director Var Annuity				X											X					X											P

This page may be copied if more space is required.

2025

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
JT	Great Western Financial		X		2-19-97			X							
JT	Fore Systems		X		4-11-97	X									
JT	Medtronic	X			2-20-97	X									
JT	Pepsico	X			2-20-97		X								
JT	Land-Parcel H-12-00-0-136		X		8-21-97				X						
JT	Hewlett Packard	X			8-27-97	X									
JT	Intel	X			8-27-97		X								
JT	3 Com Corp	X			8-27-97		X								
JT	Fore Systems	X			2-25-97	X									
JT	K Mart Corp	X			2-25-97	X									
JT	Hartford Director Var Annuity	X			2-27-97		X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash. D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C. —Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Hellenic Inst., Inc.	Aug. 23–30	Wash.,DC - Greece - Wash.,DC	Y	Y	Y	N
	American Crop. Protection Assoc.	Sept. 26–28	Wash.,DC - White Sulfer Spring W.VA-Wash.DC	Y	Y	Y	N
	Pandode Kanisian Society	March 14–17	Wash.,DC - Ontario - Wash.,DC	Y	Y	Y	N

This page may be copied if more space is required.

2028

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

2030

RECEIVED

98 MAY 14 PM 4:35

MC

HAND DELIVERED

(1)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A

For use by Members, officers, and employees

Scott Klug (Full Name)

737 Seneca Place (Mailing Address)

Madison, WI 53711

Daytime Telephone: 202-225-2906

Filer Status: [x] Member of the U.S. House of Representatives — State WI District 02 — [ ] Officer or Employee — Employing Office

Report Type: [x] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Scott Klug

DATE (Month/Day/Year): 05/14/98

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
Examples XYZ Magazine	Article	Aug. 13, 1997	$500
Swiss Re	Speech	Nov. 17, 1997	$1,000
Wisconsin Orthopedic Society	Speech	May 28,1997	$1,000
National Association of Purchasing Management	Speech	Sept 22,1997	$150

This page may be copied if more space is required.

Name Scott Klug

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example Partnership Income or Farm Income))	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Transaction (P, S, E)
SP	Examples: Mega Corp Stock	X	DIVIDENDS X	IV	P
DC	Simon & Schuster	Indefinite	Other Type of Income: Royalties	X	
JT	1st Bank of Paducah, KY accounts	X	INTEREST X	VI	
DC	Ameren (Keefe) (Name Change)	X	DIVIDENDS X	III	
DC	First Northern Capital	X	DIVIDENDS X; CAPITAL GAINS X	IV	P
DC	Sara Lee (Keefe)	X	DIVIDENDS X	III	
DC	Southwest Bell (Brett)	X	DIVIDENDS X	IV	
DC	Phillips Petroleum (Collin)	X	DIVIDENDS X	III	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott Klug

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Waste Management (Collin)			X										X									X									
JT	McCormick Spice			X										X									X									
	IRA-Scott				X									X																		
	US Treas. Securities/Kemper				X																											
	Fed Employees Retirement						X							X		X										X						
	IRA-Tess						X							X																		
	Walgreen			X										X									X									P
	Chrysler			X										X									X									P
	TriCon (split)			X										X								X										E
	Pepsi Cola (split)				X									X									X									E
	Money Market/Kemper				X																											
	US Treas Securities/Kemper				X																											
JT	CUNA Credit Union Savings			X												X							X									
JT	Mutual Savings Bank			X												X							X									
DC	Airtouch (Collin)			X										X									X									
DC	SBC (Collin)			X										X									X									

This page may be copied if more space is required.

Name Scott Klug

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
SP	Louisiana Pacific (Tess)		X		3/11/97	X									
SP	Echostar	X			3/14/97	X									
SP	Chrysler (Tess)	X			4/03/97	X									
SP	Echostar		X		5/16/97	X									
SP	Tricon-Pepsi Stock Split (Tess)			X	10/97	X									
SP	Best Buy (Tess)		X		12/22/97	X									
SP	Walgreen (Tess)	X			12/22/97	X									
DC	Kemper Bond Fund (Keefe)		X		3/27/97	X									
DC	Kemper Bond Fund (Keefe)		X		4/02/97	X									
DC	First Northern Capital (Keefe)	X			3/27/97	X									
DC	U.S. Treasuries (Keefe)	X			4/11/97	X									
DC	Anchor Banccorp (Scott)		X		3/20/97	X									
DC	Harley Davidson (Scott)	X			3/27/97	X									
DC	Harley Davidson (Scott)		X		7/22/97		X								
DC	U.S. Treasuries (Keefe)		X		7/29/97		X								

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat'l Cable TV Association	March 15-17	MSN-New Orleans-MSN	Y	Y	Y	N
	Assoc. of American Railroads	April 4-6	MSN-Palm Beach-MSN	Y	Y	Y	N
	Nat'l Association of Broadcaster	April 6-7	MSN-Las Vegas-MSN	Y	N	N	N
	German Marshall Fund	Nov 7-11	DC-Munich-DC	Y	Y	N	N
	Swiss Re	Nov 17	MSN-Dallas-MSN	N	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Board of Advisors	Qualitemps, Madison, WI (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46 260 (mac)

Use additional sheets if more space is required.

SCOTT KLUG
SECOND DISTRICT WISCONSIN

COMMERCE COMMITTEE
SUBCOMMITTEES
FINANCE AND HAZARDOUS MATERIALS
HEALTH AND THE ENVIRONMENT
TELECOMMUNICATIONS, TRADE AND CONSUMER PROTECTION
CHAIR
REPUBLICAN TASK FORCE ON PRIVATIZATION

Congress of the United States
House of Representatives
Washington, DC 20515–4902

HAND DELIVERED

(8)

MC

93 JUN -9 AM 11:38

RECEIVED

June 9, 1998

Robin Carle
Clerk of the US House of Representatives
Legislative Resource Center
B-106 Cannon
Washington, DC 20515

Delivered by Hand.

This is an Amendment to Congressman Scott Klug's 1997 Financial Disclosure Report.

1. Amereen Stock (Page 2, line 1)- Amereen is the new name for an electric utility created by the merger of Union Electric and another company. Keefe's shares were converted to shares in Amereen, a new publicly traded company.

2. Pacific Telesis (Page 3, lines 15 & 16)- Collin originally held shares in Pacific Telesis, a California-based baby bell. Several years ago, Pacific Telesis split into two separate companies. Airtouch, a cellular phone company, and Pacific Telesis. Then Pacific Telesis was purchased by SBC. So, today he holds shares in two companies, Airtouch and SBC.

3. Mesa Limited Partnership (From 1996 disclosure form, omitted from 1997 disclosure form)- Mesa Petroleum was purchased by Pioneer Natural Resources. At that time we simply cashed out our shares which were worth less than $100.

4. Money Market/Kemper (From 1996 disclosure form, omitted from 1997 disclosure form)- Please restore this item on the 1997 disclosure form. I have included a corrected version of page 3 with this item listed and highlighted on line 17.

Sincerely,

Scott Klug
Member of Congress

Thanks Much!

PLEASE RESPOND TO:
☐ 2331 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4902
(202) 225–2906

☐ 16 NORTH CARROLL STREET
ROOM 600
MADISON, WI 53703
(608) 257–9200

THIS MAILING WAS PREPARED, PUBLISHED, AND MAILED AT TAXPAYER EXPENSE

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 JUN -9 AM 11:38
HAND DELIVERED
(Office Use Only)

Scott Klug
(Full Name)

737 Seneca Place
(Mailing Address)

Daytime Telephone
Madison, WI 53711 202-225-2906

Filer Status	[X] Member of the U.S. House of Representatives	State WI District 02	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/14/98

2038

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
Swiss Re	Speech	Nov. 17, 1997	$1,000
Wisconsin Orthopedic Society	Speech	May 28, 1997	$1,000
National Association of Purchasing Management	Speech	Sept 22, 1997	$150

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X																
DC	Amereen (Keefe) (Name Change)				X									X									X									
DC	First Northern Capital			X										X			X							X								P
DC	Sara Lee (Keefe)				X									X									X									
DC	Southwest Bell (Brett)					X								X										X								
DC	Phillips Petroleum (Collin)				X									X									X									

For additional assets and unearned income, use next page.

2040

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott Klug

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Waste Management (Collin)			X										X									X									
JT	McCormick Spice			X										X									X									
	IRA-Scott				X									X																		
	US Treas. Securities/Kemper				X																											
	Fed Employees Retirement						X							X		X										X						
	IRA-Tess						X							X																		
	Walgreen			X										X									X									P
	Chrysler			X										X									X									P
	TriCon (split)			X										X								X										E
	Pepsi Cola (split)				X									X									X									E
	Money Market/Kemper				X																											
	US Treas Securities/Kemper				X																											
JT	CUNA Credit Union Savings			X												X							X									
JT	Mutual Savings Bank			X												X							X									
DC	Airtouch (Collin)			X										X									X									
DC	SBC (Collin)			X										X									X									
	Money Market/Kemper (Scott)			X																												

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Scott Klug

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP (Example)	Mega Corporation Common Stock	X			10-12-97		X								
SP	Louisiana Pacific (Tess)		X		3/11/97	X									
SP	Echostar	X			3/14/97	X									
SP	Chrysler (Tess)	X			4/03/97	X									
SP	Echostar		X		5/16/97	X									
SP	Tricon-Pepsi Stock Split (Tess)			X	10/97	X									
SP	Best Buy (Tess)		X		12/22/97	X									
SP	Walgreen (Tess)	X			12/22/97	X									
DC	Kemper Bond Fund (Keefe)		X		3/27/97	X									
DC	Kemper Bond Fund (Keefe)		X		4/02/97	X									
DC	First Northern Capital (Keefe)	X			3/27/97	X									
DC	U.S. Treasuries (Keefe)	X			4/11/97	X									
DC	Anchor Bancorp (Scott)		X		3/20/97	X									
DC	Harley Davidson (Scott)	X			3/27/97	X									
DC	Harley Davidson (Scott)		X		7/22/97		X								
DC	U.S. Treasuries (Keefe)		X		7/29/97		X								

This page may be copied if more space is required.

Name Scott Klug

Page [illegible] of [illegible]

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat'l Cable TV Association	March 15-17	MSN-New Orleans-MSN	Y	Y	Y	N
	Assoc. of American Railroads	April 4-6	MSN-Palm Beach-MSN	Y	Y	Y	N
	Nat'l Association of Broadcaster	April 6-7	MSN-Las Vegas-MSN	Y	N	N	N
	German Marshall Fund	Nov 7-11	DC-Munich-DC	Y	Y	N	N
	Swiss Re	Nov 17	MSN-Dallas-MSN	N	Y	N	N

This page may be copied if more space is required.

Name Scott Klug

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	Qualitemps, Madison, WI (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED

98 MAY 12 AM 11:46

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Joseph K. Knollenberg
(Full Name)

3576 Darcy
(Mailing Address)

(202)225-5802
Daytime Telephone

Bloomfield Hills, MI 48301

HAND DELIVERED

(10)

mc

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District 11th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joseph Knollenberg

DATE (Month/Day/Year): 5-8-98

2045

Name Joseph K. Knollenberg	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Allstate Insurance Co., Southfield, MI	Company paid portion of Group Term Life Insurance for retired employee. Employment Agreement terminated as of 12-31-96.	$254
	Sandra Knollenberg, Bloomfield Hills, MI	Self employed income Aerobics Instructor/ Video Sales	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E	
SP	Mega Corp. Stock					X								X										X								P	
DC	*Examples* Simon & Schuster		Indefinite																	Royalties									X				
JT	1st Bank of Paducah, KY accounts						X									X										X							
	Particle Measuring Systems, Inc. Boulder, CO 80301	X														X									X							Account Closed 1997	
	Alliance World Income Trust, Inc Secaucus, NJ			X										X									X										
	Washington Mutual Inv. Fund Brea, CA			X										X			X							X									
	NBD Bank Detroit, MI				X											X							X										
	First Federal of Michigan * Detroit, MI		X													X						X											
	The Bank of Bloomfield Hills Bloomfield Hills, MI							X								X											X						

For additional assets and unearned income, use next page.

* INADVERTENTLY SHOWN AS CLOSED IN 1996; ACTUALLY WAS NOT CLOSED UNTIL 1998

2047

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph K. Knollenberg

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Congressional Federal C.U. Washington, D.C.		X	X	
	TR Assoc of Pine Bluff (Ltd) East Lansing, MI	X	PARTNERSHIP	Sec.1250 Gain; X	
	Farm thru Helen K. Knollenberg Tr Mattoon, IL	X	FARM INTEREST	X	
	Research Electro Optics Boulder, CO (320 Sh)	X	X	X	
	Savings & Profit Sharing Fund of Allstate Employees (ESOP)	X	ESOP - NOT SELF DIRECTED	N/A	TRANSFERRED/ ROLLED OVER
	Agents Pension Plan-Defined Benefit Plan (Pre-retirement Death Benefit Value)	X	PENSION - NOT SELF DIRECTED	N/A	INTO PAINE-WEBBER 1997
	Allstate Annuity Spouse's IRA	X	IRA - NOT SELF DIRECTED	N/A	
	Mutual Funds held thru Fidelity Investments, Inc. Boston, MA:				
	Fidelity Stock Selector	X	X	X	*
	Fidelity Equity, Inc. II	X	X	X	*
	Spartan High Inc. Div	X	X	X	*
	Fidelity Fund	X	X	X	*
	Vanguard/Windsor II	X	X	X	*
	Spartan MI Muni Inc.	X	X	X	*
	Oberweis Emerging Growth	X	X	X	*
	Fidelity Michigan Muni MM	X	X	X	*
	PBHG Growth	X	X	X	*

* ADDITIONAL PURCHASES THROUGH DIVIDEND INVESTMENT PROGRAM

This page may be copied if more space is required.

2048

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph K. Knollenberg

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	The Royal Bank of Scotland PLC London, England (Escrow Agent for Particle Measuring Systems-Indemnity Escrow Agreement)	X														X								X								CLOSED IN 1997
*	Particle Measuring Systems, Inc. 5475 Airport Blvd Boulder, CO 80301	X																		FINAL ESCROW PMT.								X				FINAL IN 1997
	Securities held through Paine-Webber, Inc.-Retirement:																															
	Shs. Stock																															
	1,200 Allstate Corp.						X							X										X								E
	800 Archer Daniels Midland Co				X									X								X										P
	1,300 Dravo Corp			X										X							X											P
	450 Electronic Data Systems Corp New				X									X								X										P
	350 Emerson Electric Co.				X									X								X										P
	1,000 Engelhard Corp.				X									X									X									P
	300 Green Tree Financial Corp			X										X								X										P
	350 Kimberly Clark Corp.				X									X							X											P
	800 Dean Witter Discover & Co.				X									X									X									E
	1,000 Mylan Laboratories, Inc				X									X								X										P
	1,000 Pall Corp.				X									X									X									P
	350 Pepsico Inc.			X										X								X										P
	1,816 Sears Roebuck					X								X										X								E
	250 Shared Medical Sys Corp				X									X								X										P

* THIS IS A FINAL PAYMENT FROM AN ESCROW ACCOUNT ON AN INSTALLMENT SALE REPORTED IN THE TRANSACTION SECTION OF THE DECEMBER 31, 1996 DISCLOSURE STATEMENT

This page may be copied if more space is required.

2049

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JosephK. Knollenberg

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Securities held through Paine-Webber, Inc. - Retirement: CONTINUED...																														
	Shs Stock																														
	400 Sigma Aldrich Corp.				X								X									X									P
	50,000 US Treasury Note 6.75%					X									X									X							P
	50,000 US Treasury Note 6.375%					X									X							X									P
	50,000 US Treasury Note 6.625%					X									X									X							P
	50,000 US Treasury Note 7.0%					X									X								X								P
	PW Retirement Money Fund						X						X												X						E
	Securities held through Waterhouse Securities, Inc. 100 Wall Street New York, NY 10005:																														
	Shs Stock																														
	13 Bed, Bath & Beyond		X										X								X										P
	11 Cisco Systems, Inc.		X										X								X										P
	589 Gabelli Value Fd Inc.			X									X				X							X							P
	384 Seligman Comm & Inf Fd Inc			X									X								X										P
	9 Sun Microsystems, Inc.		X										X								X										P

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Savings & Profit Sharing Fund of Allstate Employees ESOP - Transfer to PaineWebber Retirement Account:														
	1,796 Shs Allstate Corp			X	Transferred In 2/19/97				X						
	1,299 Shs Dean Witter Discover & Co.			X	Transferred In 2/19/97		X								
	1,816 Shs Sears Roebuck			X	Transferred In 2/19/97			X							
	Cash Transfer to PW Retirement Money Fd.			X	Transferred In 2/19/97	X									
	Agents pension Plan - Defined Benefit Plan (Pre-Retirement Death Benefit Value) - Transfer to PaineWebber Retirement Account:														
	Cash Transfer to PW Retirement Money Fund			X	Transferred In 2/12/97					X					
	Activity Through PaineWebber Retirement Account: (& Uses of PW Retirement Money Fund Listed Above)														
	800 Shs Archer Daniels Midland Co.	X			3/11/97		X								
	1,300 Shs Dravo Corp.	X			3/11/97	X									
	450 Shs EDS Corp. New	X			3/11/97		X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Joseph K. Knollenberg

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Activity Through PaineWebber Retirement Account: (& Uses of PW Retirement Money Fund Listed Above) Continued...														
	350 Shs Emerson Electric Co.	X			5/20/97		X								
	1,000 Shs Engelhard Corp.	X			3/11/97		X								
	300 Shs Green Tree Financial Corp.	X			5/21/97	X									
	350 Shs Kimberly Clark Corp.	X			9/18/97		X								
	1,000 Shs Mylan Laboratories, Inc.	X			3/11/97		X								
	1,000 Shs Pall Corp.	X			3/11/97		X								
	350 Shs Pepsico, Inc.	X			3/11/97	X									
	250 Shs Shared Medical Systems Corp.	X			7/01/97		X								
	400 Shs Sigma Aldrich Corp.	X			8/05/97		X								
	50,000 US Treasury Note 6.75%	X			4/07/97			X							
	50,000 US Treasury Note 6.375%	X			8/06/97			X							
	50,000 US Treasury Note 6.625%	X			4/07/97			X							
	50,000 US Treasury Note 7.00%	X			4/07/97			X							
	719 Shs Citizens Utilities Co.	X	X		Purch 5/7/97 Sold 8/6/97	X									
	500 Shs CL B Com	X	X		Purch 5/7/97 Sold 8/7/97	X									

This page may be copied if more space is required.

2052

SCHEDULE IV — TRANSACTIONS

Name Joseph K. Knollenberg

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Activity Through PaineWebber Retirement Account: (& Uses of PW Retirement Money Fund Listed Above) Continued...														
	35 Shs Tricon Global Restaurants	X	X		Purch 3/11/97 Sold 11/10/97	X									
	296 Shs Allstate Corp.		X		9/04/97		X								
	300 Shs Allstate Corp.		X		11/10/97		X								
	499 Shs Dean Witter Discover & Co.		X		9/04/97		X								
	Securities Purchased Through Waterhouse Securities, Inc.:														
	13 Shs Bed, Bath & Beyond	X			9/22/97	(TRANSACTION IS LESS THAN $1,000)									
	11 Shs Cisco Systems, Inc.	X			11/18/97	(TRANSACTION IS LESS THAN $1,000)									
	589 Shs Gabelli Value Fund, Inc.	X			11/18/97	X									
	384 Shs Seligman Comm & Inf Fd Inc CL A	X			11/18/97	X									
	9 Shs Sun Microsystems, Inc.	X			9/22/97	(TRANSACTION IS LESS THAN $1,000)									

This page may be copied if more space is required.

2053

SCHEDULE IV — TRANSACTIONS

Name Joseph K. Knollenberg

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	Through Fidelity Investments - Dividends Reinvested:														
	Fidelity Stock Selector	X			*	X									
	Fidelity Equity/Income II	X			*	X									
	Spartan High Income Dividend	X			*	X									
	Fidelity Fund	X			*	X									
	Vanguard/Windsor II Portfolio	X			*	X									
	Spartan MI Muni Income	X			*	(LESS THAN $1,000)									
	Oberweis Emerging Growth	X			*	X									
	Fidelity Michigan Muni MM	X			*	(LESS THAN $1,000)									

This page may be copied if more space is required.

*DIVIDENDS WERE REINVESTED THROUGHOUT THE YEAR AS DIVIDENDS AND CAPITAL GAIN DISTRIBUTIONS WERE RECEIVED.

SCHELLENBERG & ASSOCIATES, P.C.

Certified Public Accountants

THOMAS L. SCHELLENBERG, J.D., C.P.A
TELEPHONE (248) 540-4202
FACSIMILE (248) 540-5215

BROWN STREET CENTRE, SUITE 125
255 EAST BROWN STREET
BIRMINGHAM, MICHIGAN 48009

HAND DELIVERED

May 14, 1998

98 MAY 20 PM 4:40

Hon. Robin Carle, Clerk
U. S. House of Representatives
Office of Records & Registration
B106 Cannon House Office Building
Washington D. C. 20515

Re: Hon. Joseph K. Knollenberg
Amendment to Financial Disclosure Statement for 1997

Dear Madam Clerk:

Enclosed is a 1997 Amended Financial Disclosure statement for Hon. Joseph K. Knollenberg. The original Financial Disclosure Statement was signed by Congressman Knollenberg on May 8, 1998. After filing the statement, it came to his attention that he had inadvertently omitted data from Schedule VII - Travel Payments and Reimbursements

Enclosed is the Schedule VII - Travel Payments and Reimbursements and the details of the item that should have been disclosed on the original Financial Disclosure Statement.

If you have any questions or require any additional information, please contact us.

Very truly yours,

Thomas L. Schellenberg

Thomas L. Schellenberg, JD-CPA

TLS:aek (Jkfindis.doc)

cc: Hon. Joseph K. Knollenberg
Robert L. Hallmark, Esq.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 20 PM 4:38

Joseph K. Knollenberg
(Full Name)

3576 Darcy
(Mailing Address)

(202)225-5802
Daytime Telephone

Bloomfield Hills, MI 48301

HAND DELIVERED
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State/District: Michigan 11th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [X] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year): 5.20.98

2056

Name	JOSEPH K. KNOLLENBERG	Page	of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ASPEN INSTITUTE (For a Bipartisan Retreat)	MAR 7-9	WASH., D.C. - HERSHEY, PA - WASH., D.C.	Y	Y	Y	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

98 MAY 14 PM 3:47

James Thomas Kolbe
(Full Name)

205 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2542

MC (Office Use Only)

(9)

Filer Status	[X] Member of the U.S. House of Representatives	State: AZ District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jim Kolbe

DATE (Month/Day/Year): MAY 14, 1998

2058

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Brookings Institution	Speech	March 19, 1997	$400.00
	The Brookings Institution	Speech	June 11, 1997	$400.00
	St. John's University - Queen's Campus, New York (Speech)	Speech	July 28, 1997	$1,000.00
	American Council for Capital Formation/ Center for Policy Research	Speech	September 9, 1997	$1,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Sonita, AZ - 1/4 interest in 420 acres of land	$100,001 - $250,000	Grazing Fee	$1 - $200	
	Wright Patman, FCU - Checking and Savings	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Arizona Bank - Checking and Savings - Tucson, Arizona	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Nations Bank - Checking and Savings - Washington, D.C.	$1,001 - $15,000	Interest	$1 - $200	
	Exeter Real Estate Investors XX - Ltd. Partnership	$15,001 - $50,000	None	None	

2060

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Golder Ranch Assoc, Ltd. Partnership - 1/2 unit	$1 - $1,000	None	None	
	Wood Canyon Corp - 5% of outstanding stock	$50,001 - $100,000	None	None	
	Dain Rauscher - Daily Accumulation Fund (formerly Rauscher, Pierce, Fefsnes)	None	Interest	$2,501 - $5,000	
	Investment Company of America - Mutual Fund	$100,001 - $250,000	Capital Gains/ Interest	$5,001 - $15,000 201 - 1,000	
	Delaware Group Trend Fund	$15,001 - $50,000	Capital Gains	$1,001 - $2,500	
	Morgan Stanley Asia Growth Fund	None	Dividends	$1 - $200	S
	Insured Municipal Income Trust	$1,001 - $15,000	Interest	$201 - $1,000	
	Chandler Water & Sewer Revenue Bonds	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Phillip Morris - Stock	None	Dividends	$201 - $1,000	S
	Mexico Fund - Mutual Fund	$15,001 - $50,000	Capital Gains/Dividends	201 - 1,000 $201 - $1,000	
	Medtronic, Inc. - Stock	$50,001 - $100,000	Dividends	$201 - $1,000	
	Home Depot - Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Financing Corp CPN FICO	$1 - $1,000	Interest	$1 - $200	P
	Andrew Corp. - Stock	$1,001 - $15,000	None	None	
	Health South Corp. - Stock	$1,001 - $15,000	None	None	
	Motorola Corp. - Stock	$15,001 - $50,000	Dividends	$1 - $200	
	Broken Hill Proprietary - Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Esterline Corp. - Stock	$1,001 - $15,000	None	None	
	Merrill Lynch CMA	$1,001 - $15,000	Interest	$201 - $1,000	
	Merrill Lynch Basic Value Fund - Mutual Fund	$15,001 - $50,000	Capital Gains	$1,001 - $2,500	

2061

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Muniyield Arizona Fund	$15,001 - $50,000	Interest	$1,001 - $2,500	
Marathon Greater China Growth Fund	$1,001 - $15,000	None	None	
Nicholas Applegate Emerging Growth Fund	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	
Merrill Lynch Special Value Focus (Formerly Merrill Lynch Equity Growth)	$1,001 - $15,000	None	None	
Global Strategy Focus Fund	$1,001 - $15,000	None	None	
International Equity Focus Fund	$1,001 - $15,000	None	None	
Merrill Lynch Prime Bond Fund	$1,001 - $15,000	None	None	
Merrill Lynch Quality Equity	$1,001 - $15,000	None	None	
Bank United of Texas - zero coupon	None	None	$1 - $200	S
ML Corporate Bonds	$15,001 - $50,000	Interest	$201 - $1,000	P
Pacific Telesis - PFD stock	$1,001 - $15,000	Dividends	$201 - $1,000	
Santander Finance, LTD - PFD stock	$1,001 - $15,000	Dividends	$201 - $1,000	
Alliance Workwide Privitization Fund	$1,001 - $15,000	Dividends	$1 - $200	
GT Global Telecommunication Fund	$1,001 - $15,000	None	None	
Keystone Growth and Inc. Fund	$1,001 - $15,000	Dividends	$1 - $200	
Merrill Lynch Basic Value Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
Merrill Lynch Global Allocation	$1,001 - $15,000	Dividends	$201 - $1,000	
Retirement Account Money Fund	$1,001 - $15,000	Interest	$201 - $1,000	
Balanced Fund	$1,001 - $15,000	Interest	$201 - $1,000	
Scudder Latin America Fund	$1,001 - $15,000	Dividends	$1 - $200	
Federal Securities Trust	None	Dividends	$201 - $1,000	S

2062

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Salomon Smith Barney Money Fund	$1,001 - $15,000	Interest	$1 - $200	P
	Planet Hollywood International	$1,001 - $15,000	None	None	P
	General Cigar Holdings	None	Capital Gains	$1,001 - $2,500	P
	General Cigar Holdings	None	Capital Gains	$1,001 - $2,500	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	McNeil Real Estate Fund - Real Estate Trust	Sold	09-30-97	$1,001 - $15,000
	Morgan Stanley Asia Growth Fund	Sold	12-31-97	$1,001 - $15,000
	Philip Morris - Common stock	Sold	05-15-97	$1,001 - $15,000
	Financing Corp. CPN FICO	Purchase	02-13-97	$1,001 - $15,000
	Bank United of Texas - zero coupon	Sold	08-01-97	$1,001 - $15,000
	U.S. Treasury Strips - zero coupon	Sold	09-23-97	$15,001 - $50,000
	ML Corporate Bonds	Purchase	09-25-97	$15,001 - $50,000
	Federal Securities Trust	Sold	07-01-97	$1,001 - $15,000
	Salomon Smith Barney Money Fund	Purchase	02-28-97	$1,001 - $15,000
	Planet Hollywood International	Purchase	05-09-97	$1,001 - $15,000
	General Cigar Holdings	Purchase	02-28-97	$1,001 - $15,000
	General Cigar Holdings	Sold	05-09-97	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
World Economic Forum (Participation in conference)	January 30 to February 3, 1997	Washington, DC - Zurich, Switzerland - Washington, DC	Y	Y	N	None
Congressional Economic Leadership Institute (Participation in conference)	May 22 to June 1, 1997	Washington, DC - Santiago, Chile -Buenos Aires, Argentina - Tucson, Arizona	Y	Y	N	One Day
Pacific Council on International Policy (Speech)	June 16, 1997	Tucson, AZ - Los Angeles, California - Washington, DC	N	Y	N	None
Log Cabin Club of San Francisco (Speech)	June 27 to 29, 1997	Tucson, AZ - San Francisco, CA	Y	Y	N	One Day
Washington Council on International Trade (Speech)	June 29 to July 1, 1997	San Francisco, CA - Seattle, WA - Tucson, AZ	Y	Y	N	None
St. John's University - Queen's Campus, New York (Speech)	July 28, 1997	Washington, DC - Jamaica, NY - Washington, DC	N	N	N	None
The Ripon Educational Fund (Participation in conference)	August 8 - 16, 1997	Tucson, AZ - Prague, The Czech Republic - Tucson, AZ	Y	Y	N	None
Transatlantic Policy Network / Congressional Economic Leadership Institute (Participation in conference)	November 16 - November 23, 1997	Washington, DC - Bonn, Germany - Paris, France - Tucson, AZ	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Trustee	Embry-Riddle Aeronautical University, Daytona Beach, Florida
Board Member	Community Food Bank, Tucson, Arizona
Board Member	Wright Flight, Tucson, Arizona

RECEIVED

98 MAY 15 AM 7:17

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

(6)

2067

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

DENNIS J. KUCINICH
(Full Name)

12217 MILAN AVE
(Mailing Address)

CLEVELAND, OHIO 44111

Daytime Telephone 216 228 8850

Filer Status	☑ Member of the U.S. House of Representatives — State OHIO District 10	☐ Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS (N/A)

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Dennis J. Kucinich

DATE (Month/Day/Year): 5/14/98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF OHIO, COLUMBUS, OH. 43215 *	OHIO SENATE SALARY	684.30

For payments to charity in lieu of honoraria, use Schedule II.

* FOR PERIOD JAN. 1, 1997 TO JAN. 6, 1997, THEREAFTER A MEMBER OF U.S. HOUSE OF REP.

2068

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1997	$500
K MART KIDS RACE VS. DRUGS	PERSONAL APPEARANCE	OCT., 1997	$ 500
$500 TO PARMA DARE, PARMA, OH.			

This page may be copied if more space is required.

2069

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples.	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
	OHIO PUBLIC EMPLOYES RETIREMENT				X																												
	AMERICAN CROATIAN LODGE EASTLAKE, OH. CLV. OH.			X											X								X										
	THIRD FEDERAL S+L				X												X							X									

For additional assets and unearned income, use next page.

2070

Name DENNIS J. KUCINICH | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	JAMES CARNEY, JR.	CLEVELAND, OH / PERSONAL LOAN		X								
	SHIRLEY PARKER	LOS ANGELES, CALIF / PERSONAL LOAN		X								
	AMERICAN EXPRESS	CREDIT CARD	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
CONG.	ASPEN INSTITUTE	3/7 - 3/9	CLV. - HERSHEY - CLV.	Y	Y	N	N
SPEECH	INT. ASSN. MACHINISTS	4/24 - 4/25	WASH. - CHI. - CLV	Y	Y	N	N
SPEECH	AMER. PUB. POWER. ASSN	6/15 - 6/16	CLV. - TORONTO - CLV	Y	Y	N	N
SPEECH	CTY MGRS. ASSOC.	8/22/97	CLV. - VANCOUVER - CLV.	N	Y	N	N
SPEECH	MICHIGAN AFL-CIO	10/24 - 10/25	WASH. - DETROIT - (CLV.)	Y	Y	N	N
SPEECH	JOBS FOR JUSTICE	10/25/97	DETROIT - CHICAGO - CLV.	N	N	N	N

This page may be copied if more space is required.

RECEIVED
98 MAY 15 PM 3:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HC (12)

HAND DELIVERED
(Office Use Only)

2073

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

John J LaFalce
(Full Name)

2310 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-3231

Filer Status [X] Member of the U S House of Representatives — State NY, District 29 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: John J LaFalce

DATE (Month/Day/Year): 5/15/98

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	FIDELITY	None	.	None	.
	Fidelity Overseas Fund	None	N/A	None	S
	Fidelity Pacific Basin	None	N/A	None	S
	Fidelity Hong Kong and China	$15,001 - $50,000	Dividends	$1 - $200	P
	BACHE	None	.	None	.
	Grancare	None	Stock Dividend- spinoff distribution	None	exchange/sold
	Vitalink	None	Stock Dividend - spinoff distribution	None	exchange/sold

2074

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Healthplan Services	None	Dividends	$1 - $200	Purchased/Sold
Comptek Research	$15,001 - $50,000	N/A	None	P
Gibraltar Steel	$15,001 - $50,000	N/A	None	P
Computer Associates	$15,001 - $50,000	Stock Dividends	$1 - $200	P
Vanstar	$1,001 - $15,000	N/A	None	P
Oracle	$15,001 - $50,000	N/A	None	P
AT&T	None	Dividends	$1 - $200	Purchased/Sold
Corning	$15,001 - $50,000	Dividends	$1 - $200	P
Moneymart Assets	$1,001 - $15,000	Dividends	$201 - $1,000	NA
MERRILL LYNCH (I)	None		None	
Grancare	None	Capital Gains	$1,001 - $2,500	S
Health Plan Services	None	Capital Gains and Dividends	$201 - $1,000	Purchased/Sold
ML Pacific Fund B	None	N/A	None	S
Motorola	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Intel	$15,001 - $50,000	Dividends	$1 - $200	P
Biogen	None	Capital Gains	$201 - $1,000	S
Garden Fresh Restaurant	None	Capital Gains	$201 - $1,000	S
AVX Corp	None	Dividends	$1 - $200	S
Micron Technology	None	Capital Gains	$15,001 - $50,000	S
Oracle	$15,001 - $50,000	N/A	None	P
Gibraltar Steel	$1,001 - $15,000	N/A	None	P
Vanstar	$1,001 - $15,000	N/A	None	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Arbor Drugs Inc.	None	Capital Gains and Dividends	$1,001 - $2,500	Purchased/Sold
Microsoft	$15,001 - $50,000	N/A	None	P
McAfee Assoc.	None	N/A	None	Purchased/name change to Network Associates
Paychex	$15,001 - $50,000	Dividends	$1 - $200	P
Ascend Communications	None	N/A	None	Purchased/Sold
Corning	$15,001 - $50,000	Dividends	$1 - $200	P
China Telecom	$15,001 - $50,000	N/A	None	P
Cash Management Moneymarket Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
MERRILL LYNCH (2)	None		None	
Biogen	None	Capital Gains	$5,001 - $15,000	S
Comptek	$15,001 - $50,000	N/A	None	NA
Healthplan Services	None	Capital Gains and Dividends	$1,001 - $2,500	S
Gibraltar Steel	$1,001 - $15,000	N/A	None	P
McAfee Assoc.	None	N/A	None	Purchased/name changed to Network Assoc.
Paymentech	None	Capital Gains	$1,001 - $2,500	Purchased/Sold
Cash Management Moneymarket Fund	$15,001 - $50,000	Dividends	$201 - $1,000	NA
MERRILL LYNCH (3)	None		None	
Merrill Dragon Fund B	$1,001 - $15,000	Capital Gains	$201 - $1,000	P
Grancare	None	Capital Gains	$201 - $1,000	S
Retirement Reserves Moneymarket Fund	$100,001 - $250,000	Dividends	$201 - $1,000	NA
Computer Associates	None	Capital Gains	$201 - $1,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Comptek Research	$1,001 - $15,000	Dividends	None	NA
Healthplan Services	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Ready Assets	$1 - $1,000	Dividends	$1 - $200	NA
Vanstar	$1,001 - $15,000	Dividends	None	P
Paymentech	None	Capital Gains	$2,501 - $5,000	Purchased/Sold
Iridium	None	Capital Gains	$15,001 - $50,000	Purchased/Sold
Panamsat	None	Capital Gains	$5,001 - $15,000	Purchased/Sold
SMITH BARNEY	None	_	None	_
Healthplan Services	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	Sold 12/31/97
SB Money Funds	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DEAN WITTER (1)	None	_	None	_
Gibraltar Steel	$15,001 - $50,000	N/A	None	NA
Vanstar	$1,001 - $15,000	N/A	None	P
Active Assets	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DEAN WITTER (2)	None	_	None	_
Grancare	None	Stock Dividend - spinoff distribution	None	Exchanged/sold
Vitalink	None	Stock Dividend - spinoff distribution	None	Exchanged/sold
Liquid Assets	$1,001 - $15,000	Dividends	$1 - $200	NA
Healthplan Services	None	N/A	None	S
Transcorp Waste Services	$1,001 - $15,000	N/A	None	NA
Gibraltar Steel	$15,001 - $50,000	N/A	None	P

2077

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Vanstar	$15,001 - $50,000	N/A	None	P
C Cube Microsystems	$1,001 - $15,000	N/A	None	P
Comptek Research	$15,001 - $50,000	N/A	None	P
.	None		None	.
ML Developing Capital Markets	$1,001 - $15,000	Dividends	$201 - $1,000	S
Network Associates	$15,001 - $50,000	N/A	None	Name change from McAfee Assoc.
Network Associates	$15,001 - $50,000	N/A	None	Name change from McAfee Assoc.
.	None	.	None	.
Sports Trac, Inc. Bridge Loan 6900 E. Bellview Avenue Englewood, CO	$1,001 - $15,000	N/A	None	NA
Lockport Savings Bank	$1 - $1,000	N/A	None	NA
M & T Bank Savings Account	$50,001 - $100,000	Interest	$201 - $1,000	NA
Congressional Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	NA
Colonial Manor Condo	$15,001 - $50,000	Rent	$2,501 - $5,000	NA

2078

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Fidelity Overseas Fund	Sold	1/24/97	$1,001 - $15,000
	Fidelity Pacific Basin Fund	Sold	1/24/97	$1,001 - $15,000
	Fidelity Hong Kong & China	Purchase	1/24/97	$15,001 - $50,000
	Grancare	Exchange	2/19/97	$1,001 - $15,000
	Grancare	Sold	3/7/97	$1,001 - $15,000
	Vitalink	Exchange	2/19/97	$1,001 - $15,000
	Vitalink	Sold	3/7/97	$1,001 - $15,000
	Healthplan Services	Purchase	3/7/97	$1,001 - $15,000
	Healthplan Services	Sold	6/30/97	$15,001 - $50,000
	Comptek Research	Purchase	7/22/97	$1,001 - $15,000
	Gibraltar Steel	Purchase	1/7 3/26 4/2/97	$15,001 - $50,000
	Computer Associates	Purchase	1/24/97	$15,001 - $50,000
	Vanstar	Purchase	1/24/97	$15,001 - $50,000
	Oracle	Purchase	3/7/97	$15,001 - $50,000
	AT&T	Purchase	7/22/97	$15,001 - $50,000
	AT&T	Sold	9/26/97	$15,001 - $50,000
	Corning	Purchase	9/26/97	$15,001 - $50,000
	Grancare	Sold	2/4/97	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Healthplan Services	Purchase	6/30 7/15/97	$15,001 - $50,000
	ML Pacific Fund B	Sold	1/27/97	$1,001 - $15,000
	Intel	Purchase	2/4 3/13 12/19/97	$15,001 - $50,000
	Biogen	Sold	5/1/97	$1,001 - $15,000
	Garden Fresh Restaurant	Sold	5/1/97	$1,001 - $15,000
	AVX Corp	Sold	3/13/97	$15,001 - $50,000
	Micron Technology	Sold	8/13/97	$50,001 - $100,000
	Oracle	Purchase	3/13 12/2/97	$15,001 - $50,000
	Gibraltar Steel	Purchase	1/7/97	$1,001 - $15,000
	Vanstar	Purchase	1/27/97	$1,001 - $15,000
	Arbor Drugs	Purchase	4/11/97	$1,001 - $15,000
	Arbor Drugs	Sold	9/15/97	$1,001 - $15,000
	Microsoft	Purchase	5/1/97	$15,001 - $50,000
	McAfee	Purchase	7/15/97	$15,001 - $50,000
	McAfeeAssoc./name change to Network Assoc.	Exchange	12/2/97	$15,001 - $50,000
	Paychex	Purchase	8/1/97	$15,001 - $50,000
	Ascend Communications	Purchase	8/21/97	$15,001 - $50,000
	Acend Communications	Sold	12/2/97	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Corning	Purchase	9/26/97	$15,001 - $50,000
	China Telecom	Purchase	10/24/97	$15,001 - $50,000
	Biogen	Sold	9/5/97	$15,001 - $50,000
	Healthplan Services	Sold	7/28/97	$1,001 - $15,000
	Gibraltar Steel	Purchase	1/7/97	$1,001 - $15,000
	McAfee Associates	Purchase	8/8 10/14/97	$15,001 - $50,000
	Paymentech	Purchase	9/26/97	$15,001 - $50,000
	Paymentech	Sold	10/24/97	$15,001 - $50,000
	ML Dragon Fund B	Purchase	1/24/97	$1,001 - $15,000
	Grancare	Sold	1/27/97	$15,001 - $50,000
	Computer Associates	Sold	5/6/98	$50,001 - $100,000
	Vanstar	Purchase	1/24 1/27/97	$15,001 - $50,000
	Paymentech	Purchase	5/20/97	$15,001 - $50,000
	Paymentech	Sold	6/5 7/15/97	$50,001 - $100,000
	Iridium	Purchase	7/15/97	$15,001 - $50,000
	Iridium	Sold	12/2/97	$50,001 - $100,000
	Panamsat	Purchase	6/5/97	$15,001 - $50,000
	Panamsat	Sold	12/2/97	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Healthplan Services	Sold	7/16 12/31/97	$15,001 - $50,000
	Vanstar	Purchase	1/24/97	$15,001 - $50,000
	Grancare	Sold	3/11/97	$15,001 - $50,000
	Healthplan Services	Sold	7/2/97	$15,001 - $50,000
	Gibraltar Steel	Purchase	1/7/97	$15,001 - $50,000
	Vanstar	Purchase	1/24/97	$15,001 - $50,000
	C Cube Microsystems	Purchase	6/10/97	$1,001 - $15,000
	Comptek Research	Purchase	8/5/97	$1,001 - $15,000
	McAfee Assoc./ name changed to Network Assoc.	Exchange	12/2/97	$15,001 - $50,000

2082

Name John J. LaFalce | Page 11 of 12

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute	2/14 - 2/17	Buffalo, NY -West Palm Beach, FL - Buffalo, NY	Y	Y	Y	None
American Hellenic Institute	8/23 - 8/30	Buffalo, NY - Athens, Greece - Buffalo, NY	Y	Y	N	None
North Carolina Bankers Assn.	10/19 - 10/20	Buffalo, NY- Williamsburg, VA- Buffalo - NY	Y	Y	N	None
Trinity Ventures	11/14 - 11/15	Buffalo, NY - Portland, OR - Buffalo, NY	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee	Rev. A. Joseph Bissonette Memorial Foundation
Trustee	Canisius College

2084

RECEIVED
98 MAY 15 PM 3:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

184

MC HAND DELIVERED (7)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Ray H. LaHood
(Full Name)

329 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-6201

Filer Status	[X] Member of the U.S. House of Representatives	State: IL District: 18	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) May 15, 1998

2085

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	First of America Trust Co., Peoria, IL	Spouse Salary	NA
	Kemper Pro Am Tournament, Footjoy Golf Shoes	Skill Prize	$200.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Pekin Insurance (Donated to St. Jude Midwest Affiliate	Speech	11/26/97	$100.0

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	American Classic Voyager (100 shares)	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
	American Stores (72 shares)	$1,001 - $15,000	NA	None	P
SP	First of America Reserve Plus Retirement Savings Plan	$50,001 - $100,000	NA - Deferred	None	E

2088

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	First of America Reserve Plus Retirement Savings Plan	Exchange	NA - Not self directed	$50,001 - $100,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	Morton Community Bank, Morton, IL	Student Loan	$15,001 - $50,000
JT	Citizens Equity Fed. Credit Union	Revolving Loan	$10,001 - $15,000
JT	Sallie MAE	Student Loan	$15,001 - $50,000
JT	Direct Loans	Student Loan	$10,001 - $15,000
	Pontiac Natl. Bank, Pontiac, IL	Short-Term Loan/Misc. Expenses	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute, Bipartisan Retreat	Mar. 7-9, 1997	Wash. DC-Hershey, PA-Wash. DC	Y	Y	Y	None
Cullinan Properties, Business Development Meeting	Apr. 18, 1997	Peoria-Chicago-Peoria	N	N	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

98 JUN 11 PM 2:38 43

HAND DELIVERED

(Office Use Only)

3

Ray H. LaHood
(Full Name)

329 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-6201

Filer Status					
	[X] Member of the U.S. House of Representatives	State: IL District: 18	[ ] Officer or Employee	Employing Office	
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [ ]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6/11/98

2092

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	American Stores (45 shares)	$1,001 - $15,000	NA	None	P
	Templeton Dragon Fund (140 shares)	$1,001 - $15,000	NA	None	P
SP	First of America Reserve Plus Retirement Savings Plan	$50,001 - $100,000	NA - Deferred	None	E
	American Classic Voyager (100 shares)	None	Capital Gains and Dividends	$201 - $1,000	S

2093

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	First of America Reserve Plus Retirement Savings Plan	Exchange	NA - Not self directed	$50,001 - $100,000
	American Classic Voyager (100 shares)	Sold	10/16/97	$1,001 - $15,000
	Templeton Dragon Fund (140 shares)	Purchase	10/18/97	$1,001 - $15,000
	American Stores (45 shares)	Purchase	12/3/97	$1,001 - $15,000

2094

97

COMMITTEE ON AGRICULTURE

COMMITTEE ON VETERANS' AFFAIRS

RECEIVED 98 MAY 15 PM 4:11 OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES

HAND DELIVERED

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

CONGRESSMAN RAY LAHOOD

18TH DISTRICT, ILLINOIS

RECEIVED 98 MAY 15 PM 3:45

May 15, 1998

The Honorable Robin Carle
Clerk of the U. S. House of Representatives
H-154, The Capitol
Washington, D. C. 20515

Dear Robin:

While preparing my Financial Disclosure Report for the year 1997, I realized that I had not previously disclosed my wife's retirement account under Schedules III and IV of the report.

Therefore, I am enclosing, with this letter, a listing of the required information for the years that this account has existed.

Sincerely,

Ray LaHood
Member of Congress

cc: The Hon. James Hansen, Chairman, House Ethics Committee

RESPOND TO:

☐ 329 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-6201
FAX (202) 225-6249

☐ 100 NE MONROE
PEORIA, IL 61602
(309) 671-7027
FAX (309) 671-7309

☐ 3050 MONTVALE DRIVE
SPRINGFIELD, IL 62704
(217) 793-0808
FAX (217) 793-6724

☐ 238 W. STATE
JACKSONVILLE, IL 62650
(217) 245-1431
FAX (217) 243-6852

INTERNET: WWW.HOUSE.GOV/LAHOOD/

PRINTED ON RECYCLED PAPER

SCHEDULE III - ASSETS AND 'UNEARNED' INCOME

	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
1992					
Spouse	First of America Reserve Plus Retirement Savings Plan	$1,001-$15,000	NA-Deferred	None	Exchanged
1993					
Spouse	First of America Reserve Plus Retirement Savings Plan	$1,001-$15,000	NA-Deferred	None	Exchanged
1994					
Spouse	First of America Reserve Plus Retirement Savings Plan	$1,001-$15,000	NA-Deferred	None	Exchange
1995					
Spouse	First of America Reserve Plus Retirement Savings Plan	$15,00l-$50,000	NA-Deferred	None	Exchange
1996					
Spouse	First of America Reserve Plus Retirement Savings Plan	$15,001-$50,000	NA-Deferred	None	Exchange

*Not Self Directed

SCHEDULE IV – TRANSACTIONS

	Asset	Type of Transaction	Date	Amount of Transaction
1992				
Spouse	First of America Reserve Plus Retirement Savings Plan	Exchange	NA-Not self directed	$1,001-$15,000
1993				
Spouse	First of America Reserve Plus Retirement Savings Plan	Exchange	NA-Not self directed	$1,001-$15,000
1994				
Spouse	First of America Reserve Plus Retirement Savings Plan	Exchange	NA-Not self directed	$1,001-$15,000
1995				
Spouse	First of America Reserve Plus Retirement Savings Plan	Exchange	NA-Not self directed	$15,001-$50,000
1996				
Spouse	First of America Reserve Plus Retirement Savings Plan	Exchange	NA-Not self directed	$15,001-$50,000

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 14 PM 4:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED (9)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Nicholas V. Lampson
(Full Name)

8350 Collier Road
(Mailing Address)

Beaumont, TX 77706

Daytime Telephone (202)-225-6565

Filer Status	[X] Member of the U S House of Representatives	State Texas District 9	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Nick Lampson

DATE (Month/Day/Year) MAY 14, 1998

2098

Name Nicholas V. Lampson	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Jefferson County Home Health Care	Spouse Salary	47,204
	Beaumont Independant School District	Spouse Salary	10,013

For payments to charity in lieu of honoraria, use Schedule II.

2099

Name	Nicholas V. Lampson	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Nicholas V. Lampson

Page of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples					X								X										X								P
DC			Indefinite																	Royalties									X			
JT							X									X									X							
	Congress. Fed.Cr.Union			X												X						X										
	Jefferson Co. Employee																															
	Credit Union		X													X						X										
	TX Co.Dist. Retirement																															
	System						X														X											

For additional assets and unearned income, use next page.

2101

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nicholas V. Lampson

Page of

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	1038 Park Meadow Beaumont, TX					X									X											X						
JT	Prutzman Sq. #24C Beaumont, TX				X										X									X								
JT	Prutzman Sq. #25D Beaumont, TX				X										X									X								
	Note Receivable - Keith Broussard				X																X											

This page may be copied if more space is required.

2102

SCHEDULE IV — TRANSACTIONS

Name Nicholas V. Lampson

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Jefferson Co. Home Health Care Inc. Stock		X		10-1-97		X								

This page may be copied if more space is required.

Name	Page of
Nicholas V. Lampson	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Beaumont Area Educators Fed.Cr.Union	Personal Loan	X									
	Jefferson County Credit Union	Personal Loan	X									
	Chase Bank, Beaumont TX	Prutzman SQ. Townhomes		X								
	G MAC Mortgage Corp., Waterloo IA	1038 Parkmeadow		X								
	W.G. Hall, Dickinson TX	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Nicholas V. Lampson | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

This page may be copied if more space is required.

Name Nicholas V. Lampson	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 14 PM 4:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Thomas Peter Lantos
(Full Name)

2217 Rayburn House Office Bldg, Washington, DC 20515 (202) 225-3531
(Mailing Address) Daytime Telephone

HAND DELIVERED
MC (Office Use Only) (5)

Filer Status	[XX] Member of the U S House of Representatives	State District: CA 12	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [XX]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas Peter Lantos

DATE (Month/Day/Year): 5/14/98

2107

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California Public Systems	Pension	12,032
	California Teachers Association	Pension	13,335

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas P Lantos | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock						X							X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts							X								X										X						
JT	Cash Mngmnt Acct-MLynch							XX						X												XX						
JT	Keogh Retirement-MLynch							XX						X												XX						
	IRA (Self)-M. Lynch				XX									X										X								
SP	IRA - Merrill Lynch				XX									X									X									
JT	1230 Southdown Rd Hillsborough, CA 94010								XX						X												XX					
JT	210 Justice Court Washington, DC 20002						XX								X											XX						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas P Lantos

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Savings Acct - WPCFCU			X												X						X									

This page may be copied if more space is required.

2110

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The American Jewish Joint Distribution Committee	Jan 24-30	Wash, DC-Jordan-Israel-Ukraine-Romania-WashDC	Y	Y	Y	N
Amer. Asscs., Ben-Gurion Unv of the Negev SE Region	Feb 24-26	Wash, DC-Ft.Lauderdale -Wash, DC	Y	Y	Y	N
Appeal of Conscience Foundation	Mar 21-29	Wash, DC-TelAviv, Israel -Wash, DC	Y	Y	Y	N
The Aspen Institute	Mar 30 - Apr 5	Wash, DC-Lanai, HI-Wash, DC	Y	Y	Y	N
The Technion-Israel Institut of Technology	May 24 - June 6	Wash,DC-Budapest-Buchar -TelAviv-Wash, DC	Y	Y	Y	4 Days
Emanuel Foundation for Hungarian Culture	June 8-9	Wash,DC-NY,NY-Wash,DC	Y	Y	Y	N
Center for Strategic and International Studies	June 29 - July 6	Wash,DC-HongKong-Taipei -SanFrancisco-Wash,DC	Y	Y	Y	3 Days
Soochow University	July 3-6	Taipei, Taiwan	Y	Y	Y	N
Survivors of the SHOAH Visual History Foundation	July 18 - 21	Wash,DC-Manchester,NH-Washington, DC	Y	N	Y	N
Appeal of Conscience Foundation	Aug 2 - Sept 3	Wash,DC-Budapest-London -Budapest-Wash,DC	N	Y	Y	29 Days
Survivors of the SHOAH Visual History Foundation	Aug 2-6	Budapest, Hungary	Y	N	Y	N
Transatlantic Forum The Potomac Foundation	Oct 14-22	Bucharest,Rom-Budapest-NY, NY-Wash, DC	Y	Y	Y	3 Days
The Peres Center for Peace	Oct 19-21	Budapest,Hung-TelAviv, Israel-Budapest, Hung	Y	Y	Y	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

93 JUN 15 AM 8 37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JUN 08 1998 (16)
MC
(Office Use Only)

Stephen Michael Largent
(Full Name)

6150 S. Louisville Tulsa, OK 74136
(Mailing Address)

(918) 492-0106
Daytime Telephone

Accountant to contact: Steve Jay (918) 492-0106

Filer Status	[X] Member of the U.S. House of Representatives	State: Distrct:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Steve M. Largent

DATE (Month/Day/Year) 6/6/98

2112

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
International Sports Marketing	Endorsements	7,117
White NFLPA Settlement Plan B-Note 1	Litigation Settlement	7,612
Pro Football Hall of Fame	Endorsements	1,000

Note 1: Deferred income earned prior to election to House of Representatives. Not subject to earned income limitations.

For payments to charity in lieu of honoraria, use Schedule II.

Name	Stephen Michael Largent	Page 2 of 15

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income										BLOCK E TRANSACTION
	A NONE	B $1-$1000	C $1001-$15000	D $15001-$50000	E $50001-$100000	F $100001-$250000	G $250001-$500000	H $500001-$1000000	I $1000001-$5000000	J $5000001-$25000000	K $25000001-$50000000	L OVER $50000000	Dividends	Rents	Interest	Capital Gains	EXCEPTED TRUST	BLIND TRUSTS	OTHER	I NONE	II $1-$200	III $201-$1000	IV $1001-$2500	V $2501-$5000	VI $5001-$15000	VII $15001-$50000	VIII $50001-$100000	IX $100001-$1000000	X OVER $1000000	
Merrill Lynch CMA			X										X								X									P,S
Fidelity Money Market Fund			X												X								X							
American Bank and Trust			X												X						X									
St Anthony's Hospital Series A Bond					X										X								X							
Local America Bank			X												X						X									
Pimco Total Return Fund				X									X			X							X							P
FERS, Thrift Plan				X									X		X								X							
Exxon Stock				X									X										X							
CIFRA S.A.			X										X							X										
Home Depot Inc.			X										X								X									
Sara Lee Corp			X										X								X									
Wal Mart Stores Inc.			X										X								X									
Federal Government Savings Plan			X												X								X							
Congressional Federal Credit Union			X												X								X							
Note Receivable, Ray Tedford					X										X									X						
Wells I Ltd Partnership			X											X						X										
Concord Ltd					X										X				X							X				
Kings River Ranch, Partnership Note Rec			X												X								X							
CNL II Ltd Partnerhip				X										X	X								X							
CNL VI Ltd Partnerhip				X										X	X								X							
Eagle Ridge Ltd Partnership				X										X	X					X										
Cash surrender Value of life insurance				X									X	X								X	X							
Numismatic Coins				X												X				X										
Gold & Silver				X												X				X										
Proactive Solutions					X											X				X										

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name: Stephen Michael Largent

BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income										BLOCK E TRANSACTION
	A NONE	B $1 - $1000	C $1001 - $15000	D $15001 - $50000	E $50001 - $100000	F $100001 - $250000	G $250001 - $500000	H $500001 - $1000000	I $1000001 - $5000000	J $5000001 - $25000000	K $25000001 - $50000000	L Over $50000000	Dividends	Rent	Interest	Capital Gain/Loss	Excepted Trust	BLIND TRUSTS	OTHER	I None	II $1 - $200	III $201 - $1000	IV $1001 - $2500	V $2501 - $5000	VI $5001 - $15000	VII $15001 - $50000	VIII $50001 - $100000	IX $100001 - $1000000	X $1000001 - $5000000	XI OVER $5000000	
Northcreek Investment Ltd. Partnership				X										X										X							
Mutual Series Inc. IRA				X												X								X							
Mutual Series Inc. IRA				X												X								X							
Bert Bell NFL Retirement Plan						X														X											
Capital World Growth & Income Fund					X								X			X							X								
Merrill Lynch International Equity Fund				X									X			X							X								
Capital Income Builder fund				X									X			X						X									
AIM Charter Fund					X								X			X						X									
Merrill Lunch Floating Rate fund						X							X			X									X						
Smallcapital World fund					X								X			X						X									
Templeton Developing Markets Fund				X									X			X						X									
Alliance North American Govmmnt Fund				X									X										X								
Templeton Smaller Company Fund				X									X			X						X									
Russell Equity I Fund							X						X			X										X					P,S
Russell Equity II Fund					X								X			X									X						P,S
Russell Equity Q Fund							X						X			X									X						P,S
Russell Fixed Income I Fund							X						X			X									X						P,S
Russell Fixed Income III Fund						X							X												X						P,S
Russell Limited Volatility Bd. Fund						X							X			X									X						P,S
Russell International Fund						X							X			X										X					P,S
Russell Emerging Markets Fund				X									X			X						X									P,S
Russell Real Estate Sec Fund						X							X			X										X					P,S
Russell Tax-Free Money Market Fund				X									X										X								P,S
One Glen Lakes, Ltd				X										X	X									X							
Lake Stella Associates, Ltd		X												X	X						X										

BLOCK A Asset and /or Income Source	BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E TRANSACTION
	A NONE	B $1 - $1000	C $1001 - $15000	D $15001 - $50000	E $50001 - $100000	F $100001 - $250000	G $250001 - $500000	H $500001 - $1000000	I $1000001 - $5000000	J $5000001 - $25000000	K $25000001 - $50000000	L Over $50000000	Dividends	Rent	Interest	Capital Gains	Farm Income	BLIND TRUST	OTHER	None	$1 - $200	$201 - $1000	$1001 - $2500	$2501 - $5000	$5001 - $15000	$15001 - $50000	$50001 - $100000	$100001 - $1000000	$1000001 - $5000000	OVER $5000000	
Russell Equity II			X										X			X						X									P,S
Russell Equity I				X									X			X									X						P,S
Russell Equity Q				X									X			X								X							P,S
Russell Fixed Income I				X									X			X								X							P,S
Russell Fixed Income III			X										X									X									P,S
Russell Limited Volatility Bond				X									X			X							X								P,S
Russell International				X									X			X							X								P,S
Russell Emerging Markets			X										X			X						X									P,S
Russell Real Estate Sec				X									X			X							X								P,S
Russell Tax Free Money Market			X										X									X									P,S
Merrill Lynch CMA			X										X			X						X									
CNL Income Fund II			X											X	X								X								
Vanguard GNMA Fund			X										X			X						X									
Russell Mutual Shares Fund					X								X			X							X								P,S
Vanguard Wellington Fund						X							X			X									X						P,S
Farm								X									X						X								
Vanguard Muni Bond Fund			X												X	X						X									P,S
Rent deposit			X												X					X											
Vanguard Prime Portfolio			X										X			X						X		X							P,S
Franklin Class Z				X									X			X															P

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	x			10-12-97		x								
JT	Russell Funds - See Attached	x	x	x	Various		x								
DC	Russell Funds - See Attached	x	x	x	Various				x						
JT	Pimco Total Return Fund	x			7/23/97			x							
DC	Vanguard Wellington Fund	x			Various	x									
DC	Vanguard Wellington Fund		x		Various	x									
DC	Vanguard Prime Portfolio	x			Various		x								
DC	Vanguard Prime Portfolio		x		Various		x								
DC	Vanguard Fixed Portfolio	x			Various	x									
DC	Vanguard Fixed Portfolio		x		Various	x									
DC	Vanguard Municipal Bond Portfolio		x		Various	x									
DC	Vanguard Municipal Bond Portfolio	x			Various	x									
DC	Vanguard Municipal Bond Portfolio		x		Various		x								
DC	Franklin Mutual Shares Class Z	x			Various	x									
JT	Fidelity Ultra Service Account	x			Various					x					
JT	Fidelity Ultra Service Account		x		Various					x					

This page may be copied if more space is required.

Ronald Blue & Co.

TRANSACTION REPORT

STEVE & TERRY LARGENT

56175011

From 01-01-97 To 12-31-97

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
Purchases						
02-11-97	TFMM.FD	Tax-Free Money Market Fund	596.96	1.00	596.96	596.96
02-24-97	TFMM.FD	Tax-Free Money Market Fund	1,564.93	1.00	1,564.93	1,564.93
03-11-97	TFMM.FD	Tax-Free Money Market Fund	579.26	1.00	579.26	579.26
04-09-97	TFMM.FD	Tax-Free Money Market Fund	12,522.08	1.00	12,522.08	12,522.08
05-09-97	TFMM.FD	Tax-Free Money Market Fund	559.86	1.00	559.86	559.86
06-10-97	TFMM.FD	Tax-Free Money Market Fund	650.58	1.00	650.58	650.58
07-10-97	TFMM.FD	Tax-Free Money Market Fund	13,273.17	1.00	13,273.17	13,273.17
08-11-97	TFMM.FD	Tax-Free Money Market Fund	677.50	1.00	677.50	677.50
09-03-97	TFMM.FD	Tax-Free Money Market Fund	663.57	1.00	663.57	663.57
10-02-97	TFMM.FD	Tax-Free Money Market Fund	12,780.53	1.00	12,780.53	12,780.53
11-04-97	TFMM.FD	Tax-Free Money Market Fund	632.02	1.00	632.02	632.02
12-02-97	TFMM.FD	Tax-Free Money Market Fund	619.68	1.00	619.68	619.68
12-19-97	TFMM.FD	Tax-Free Money Market Fund	16,481.42	1.00	16,481.42	16,481.42
					61,601.56	61,601.56
Sales						
04-10-97	TFMM.FD	Tax-Free Money Market Fund	10,000.00	1.00	(10,000.00)	(10,000.00)
07-18-97	TFMM.FD	Tax-Free Money Market Fund	10,500.00	1.00	(10,500.00)	(10,500.00)
11-25-97	F1.FD	Fixed I Fund	388.709	21.61	(8,400.00)	(8,400.00)
11-25-97	F3.FD	Fixed III Fund	417.854	10.53	(4,400.00)	(4,400.00)
11-25-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	207.841	21.17	(4,400.00)	(4,400.00)
11-25-97	EMMA.FD	Emerging Markets Fund	104.167	11.52	(1,200.00)	(1,200.00)
11-25-97	IN.FD	International Fund	142.115	36.59	(5,200.00)	(5,200.00)
11-25-97	TFMM.FD	Tax-Free Money Market Fund	800.00	1.00	(800.00)	(800.00)
11-25-97	RESF.FD	Real Estate Securities Fund	124.727	32.07	(4,000.00)	(4,000.00)
11-25-97	E1.FD	Equity I Fund	137.239	37.89	(5,200.00)	(5,200.00)
11-25-97	E2.FD	Equity II Fund	32.671	36.73	(1,200.00)	(1,200.00)
11-25-97	EQ.FD	Equity Q Fund	126.000	41.27	(5,200.00)	(5,200.00)
12-31-97	TFMM.FD	Tax-Free Money Market Fund	10,000.00	1.00	(10,000.00)	(10,000.00)
					(70,500.00)	(70,500.00)
Exchange Purchases						
05-14-97	F1.FD	Fixed I Fund	1,501.746	20.88	31,356.47	31,356.47
05-14-97	F3.FD	Fixed III Fund	1,424.347	10.19	14,514.10	14,514.10
05-14-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	849.077	20.94	17,779.68	17,779.68
05-14-97	IN.FD	International Fund	90.786	38.80	3,522.49	3,522.49
05-14-97	TFMM.FD	Tax-Free Money Market Fund	4,920.14	1.00	4,920.14	4,920.14
05-14-97	RESF.FD	Real Estate Securities Fund	339.604	28.53	9,688.90	9,688.90
05-14-97	E2.FD	Equity II Fund	25.630	29.65	759.94	759.94
					82,541.72	82,541.72
Exchange Withdrawals						
05-14-97	EMMA.FD	Emerging Markets Fund	33.785	13.61	(459.82)	(459.82)
05-14-97	E1.FD	Equity I Fund	927.981	32.69	(30,335.70)	(30,335.70)

Ronald Blue & Co.

TRANSACTION REPORT

STEVE & TERRY LARGENT

56175011

From 01-01-97 To 12-31-97

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
05-14-97	EQ.FD	Equity Q Fund	1,449.880	35.69	(51,746.20)	(51,746.20)
					(82,541.72)	(82,541.72)
Fee Redemptions						
01-02-97	TFMM.FD	Tax-Free Money Market Fund	3,927.00	1.00	(3,927.00)	0.00
04-02-97	TFMM.FD	Tax-Free Money Market Fund	4,056.00	1.00	(4,056.00)	0.00
07-01-97	TFMM.FD	Tax-Free Money Market Fund	4,152.00	1.00	(4,152.00)	0.00
10-01-97	TFMM.FD	Tax-Free Money Market Fund	4,297.00	1.00	(4,297.00)	0.00
					(16,432.00)	0.00
Short Term Gain Reinvestment						
02-14-97	IN.FD	International Fund	26.690	36.35	970.17	0.00
02-14-97	RESF.FD	Real Estate Securities Fund	22.164	29.19	646.98	0.00
02-14-97	E1.FD	Equity I Fund	101.978	31.80	3,242.91	0.00
02-14-97	E2.FD	Equity II Fund	10.807	30.30	327.46	0.00
02-14-97	EQ.FD	Equity Q Fund	96.320	34.78	3,350.01	0.00
12-19-97	IN.FD	International Fund	30.958	34.14	1,056.91	0.00
12-19-97	RESF.FD	Real Estate Securities Fund	107.024	29.75	3,183.96	0.00
12-19-97	E1.FD	Equity I Fund	764.331	29.58	22,608.92	0.00
12-19-97	E2.FD	Equity II Fund	101.440	31.47	3,192.33	0.00
12-19-97	EQ.FD	Equity Q Fund	297.842	34.88	10,388.73	0.00
					48,968.38	0.00
Mid Term Gain Reinvestment						
12-19-97	F3.FD	Fixed III Fund	27.852	10.41	289.95	0.00
12-19-97	IN.FD	International Fund	148.994	34.14	5,086.65	0.00
12-19-97	RESF.FD	Real Estate Securities Fund	164.315	29.75	4,888.38	0.00
12-19-97	E1.FD	Equity I Fund	558.876	29.58	16,531.54	0.00
12-19-97	E2.FD	Equity II Fund	74.829	31.47	2,354.87	0.00
12-19-97	EQ.FD	Equity Q Fund	482.684	34.88	16,836.02	0.00
					45,987.41	0.00
Long Term Gain Reinvestment						
02-14-97	IN.FD	International Fund	36.881	36.35	1,340.63	0.00
02-14-97	RESF.FD	Real Estate Securities Fund	30.947	29.19	903.33	0.00
02-14-97	E1.FD	Equity I Fund	108.227	31.80	3,441.62	0.00
02-14-97	E2.FD	Equity II Fund	24.142	30.30	731.50	0.00
02-14-97	EQ.FD	Equity Q Fund	108.200	34.78	3,763.18	0.00
12-19-97	F3.FD	Fixed III Fund	72.771	10.41	757.54	0.00
12-19-97	IN.FD	International Fund	162.644	34.14	5,552.66	0.00
12-19-97	RESF.FD	Real Estate Securities Fund	125.892	29.75	3,745.29	0.00
12-19-97	E1.FD	Equity I Fund	512.178	29.58	15,150.22	0.00
12-19-97	E2.FD	Equity II Fund	80.193	31.47	2,523.67	0.00

Ronald Blue & Co.

TRANSACTION REPORT

STEVE & TERRY LARGENT

56175011

From 01-01-97 To 12-31-97

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
12-19-97	EQ.FD	Equity Q Fund	333.902	34.88	11,646.50	0.00
					49,556.14	0.00
Income Reinvestment						
01-31-97	TFMM.FD	Tax-Free Money Market Fund	79.16	1.00	79.16	0.00
02-28-97	TFMM.FD	Tax-Free Money Market Fund	72.12	1.00	72.12	0.00
03-31-97	TFMM.FD	Tax-Free Money Market Fund	83.84	1.00	83.84	0.00
04-30-97	TFMM.FD	Tax-Free Money Market Fund	88.22	1.00	88.22	0.00
05-30-97	TFMM.FD	Tax-Free Money Market Fund	106.47	1.00	106.47	0.00
06-30-97	TFMM.FD	Tax-Free Money Market Fund	109.21	1.00	109.21	0.00
07-31-97	TFMM.FD	Tax-Free Money Market Fund	114.87	1.00	114.87	0.00
08-29-97	TFMM.FD	Tax-Free Money Market Fund	104.82	1.00	104.82	0.00
09-30-97	TFMM.FD	Tax-Free Money Market Fund	109.26	1.00	109.26	0.00
10-31-97	TFMM.FD	Tax-Free Money Market Fund	137.02	1.00	137.02	0.00
11-28-97	TFMM.FD	Tax-Free Money Market Fund	139.07	1.00	139.07	0.00
12-31-97	TFMM.FD	Tax-Free Money Market Fund	160.57	1.00	160.57	0.00
					1,304.63	0.00
Income - Cash Distribution						
02-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			596.96	0.00
02-14-97	F1.FD	Fixed I Fund			626.59	0.00
02-14-97	EMMA.FD	Emerging Markets Fund			342.19	0.00
02-14-97	IN.FD	International Fund			268.59	0.00
02-14-97	RESF.FD	Real Estate Securities Fund			300.53	0.00
02-14-97	E2.FD	Equity II Fund			27.03	0.00
03-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			579.26	0.00
04-02-97	F1.FD	Fixed I Fund			5,723.90	0.00
04-02-97	F3.FD	Fixed III Fund			2,842.35	0.00
04-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			572.51	0.00
04-02-97	RESF.FD	Real Estate Securities Fund			1,827.85	0.00
04-02-97	E1.FD	Equity I Fund			671.25	0.00
04-02-97	E2.FD	Equity II Fund			53.38	0.00
04-02-97	EQ.FD	Equity Q Fund			830.84	0.00
05-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			559.86	0.00
06-03-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			650.58	0.00
07-02-97	F1.FD	Fixed I Fund			6,068.97	0.00
07-02-97	F3.FD	Fixed III Fund			2,976.08	0.00
07-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			696.06	0.00
07-02-97	RESF.FD	Real Estate Securities Fund			2,107.43	0.00
07-02-97	E1.FD	Equity I Fund			622.70	0.00
07-02-97	E2.FD	Equity II Fund			69.04	0.00
07-02-97	EQ.FD	Equity Q Fund			732.89	0.00

Ronald Blue & Co.

TRANSACTION REPORT

STEVE & TERRY LARGENT

56175011

From 01-01-97 To 12-31-97

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
08-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			677.50	0.00
09-03-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			663.57	0.00
10-02-97	F1.FD	Fixed I Fund			5,924.98	0.00
10-02-97	F3.FD	Fixed III Fund			2,886.36	0.00
10-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			632.95	0.00
10-02-97	RESF.FD	Real Estate Securities Fund			1,997.59	0.00
10-02-97	E1.FD	Equity I Fund			592.41	0.00
10-02-97	E2.FD	Equity II Fund			38.55	0.00
10-02-97	EQ.FD	Equity Q Fund			707.69	0.00
11-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			632.02	0.00
12-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			619.68	0.00
12-19-97	F1.FD	Fixed I Fund			5,687.61	0.00
12-19-97	F3.FD	Fixed III Fund			3,332.92	0.00
12-19-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			686.82	0.00
12-19-97	EMMA.FD	Emerging Markets Fund			210.40	0.00
12-19-97	IN.FD	International Fund			2,897.52	0.00
12-19-97	RESF.FD	Real Estate Securities Fund			2,354.53	0.00
12-19-97	E1.FD	Equity I Fund			598.82	0.00
12-19-97	E2.FD	Equity II Fund			16.37	0.00
12-19-97	EQ.FD	Equity Q Fund			696.43	0.00
					61,601.56	0.00
					182,087.68	(8,898.44)

Ronald Blue & Co.

TRANSACTION REPORT

LARGENT CHILDREN'S TRUST

56097011

From 01-01-97 To 12-31-97

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
Exchange Purchases						
05-14-97	F1.FD	Fixed I Fund	731.038	20.88	15,264.07	15,264.07
05-14-97	IN.FD	International Fund	50.395	38.80	1,955.31	1,955.31
05-14-97	TFMM.FD	Tax-Free Money Market Fund	1,384.76	1.00	1,384.76	1,384.76
05-14-97	RESF.FD	Real Estate Securities Fund	80.091	28.53	2,285.00	2,285.00
					20,889.14	20,889.14
Exchange Withdrawals						
05-14-97	F3.FD	Fixed III Fund	126.437	10.19	(1,288.39)	(1,288.39)
05-14-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	436.549	20.94	(9,141.33)	(9,141.33)
05-14-97	EMMA.FD	Emerging Markets Fund	5.641	13.61	(76.78)	(76.78)
05-14-97	E1.FD	Equity I Fund	131.817	32.69	(4,309.11)	(4,309.11)
05-14-97	E2.FD	Equity II Fund	54.215	29.65	(1,607.46)	(1,607.46)
05-14-97	EQ.FD	Equity Q Fund	125.135	35.69	(4,466.07)	(4,466.07)
					(20,889.14)	(20,889.14)
Fee Redemptions						
01-02-97	TFMM.FD	Tax-Free Money Market Fund	371.00	1.00	(371.00)	0.00
04-02-97	TFMM.FD	Tax-Free Money Market Fund	379.00	1.00	(379.00)	0.00
07-01-97	TFMM.FD	Tax-Free Money Market Fund	391.00	1.00	(391.00)	0.00
10-01-97	TFMM.FD	Tax-Free Money Market Fund	405.00	1.00	(405.00)	0.00
					(1,546.00)	0.00
Short Term Gain Reinvestment						
02-14-97	IN.FD	International Fund	2.137	36.35	77.67	0.00
02-14-97	RESF.FD	Real Estate Securities Fund	1.894	29.19	55.29	0.00
02-14-97	E1.FD	Equity I Fund	8.886	31.80	282.58	0.00
02-14-97	E2.FD	Equity II Fund	0.678	30.29	20.54	0.00
02-14-97	EQ.FD	Equity Q Fund	7.804	34.78	271.44	0.00
12-19-97	IN.FD	International Fund	2.772	34.15	94.65	0.00
12-19-97	RESF.FD	Real Estate Securities Fund	10.565	29.75	314.31	0.00
12-19-97	E1.FD	Equity I Fund	62.798	29.58	1,857.56	0.00
12-19-97	E2.FD	Equity II Fund	3.281	31.47	103.26	0.00
12-19-97	EQ.FD	Equity Q Fund	24.488	34.88	854.13	0.00
					3,931.43	0.00
Mid Term Gain Reinvestment						
12-19-97	F3.FD	Fixed III Fund	1.264	10.40	13.15	0.00
12-19-97	IN.FD	International Fund	13.344	34.14	455.54	0.00
12-19-97	RESF.FD	Real Estate Securities Fund	16.220	29.75	482.57	0.00
12-19-97	E1.FD	Equity I Fund	45.917	29.58	1,358.24	0.00
12-19-97	E2.FD	Equity II Fund	2.421	31.46	76.17	0.00

Ronald Blue & Co.

TRANSACTION REPORT

LARGENT CHILDREN'S TRUST

56097011

From 01-01-97 To 12-31-97

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
12-19-97	EQ.FD	Equity Q Fund	39.685	34.88	1,384.20	0.00
					-3,769.87	0.00
Long Term Gain Reinvestment						
02-14-97	IN.FD	International Fund	2.952	36.36	107.33	0.00
02-14-97	RESF.FD	Real Estate Securities Fund	2.645	29.18	77.19	0.00
02-14-97	E1.FD	Equity I Fund	9.431	31.80	299.89	0.00
02-14-97	E2.FD	Equity II Fund	1.514	30.31	45.89	0.00
02-14-97	EQ.FD	Equity Q Fund	8.768	34.78	304.92	0.00
12-19-97	F3.FD	Fixed III Fund	3.301	10.41	34.37	0.00
12-19-97	IN.FD	International Fund	14.566	34.14	497.28	0.00
12-19-97	RESF.FD	Real Estate Securities Fund	12.428	29.75	369.72	0.00
12-19-97	E1.FD	Equity I Fund	42.081	29.58	1,244.75	0.00
12-19-97	E2.FD	Equity II Fund	2.594	31.47	81.64	0.00
12-19-97	EQ.FD	Equity Q Fund	27.452	34.88	957.54	0.00
					4,020.52	0.00
Income Reinvestment						
01-31-97	TFMM.FD	Tax-Free Money Market Fund	6.49	1.00	6.49	0.00
02-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.905	21.03	103.16	0.00
02-14-97	F1.FD	Fixed I Fund	3.260	21.26	69.31	0.00
02-14-97	EMMA.FD	Emerging Markets Fund	2.380	13.62	32.42	0.00
02-14-97	IN.FD	International Fund	0.591	36.38	21.50	0.00
02-14-97	RESF.FD	Real Estate Securities Fund	0.880	29.18	25.68	0.00
02-14-97	E2.FD	Equity II Fund	0.056	30.36	1.70	0.00
02-28-97	TFMM.FD	Tax-Free Money Market Fund	5.77	1.00	5.77	0.00
03-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.773	21.04	100.43	0.00
03-31-97	TFMM.FD	Tax-Free Money Market Fund	6.30	1.00	6.30	0.00
04-02-97	F1.FD	Fixed I Fund	30.927	20.51	634.31	0.00
04-02-97	F3.FD	Fixed III Fund	15.025	10.00	150.25	0.00
04-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.770	20.88	99.59	0.00
04-02-97	RESF.FD	Real Estate Securities Fund	5.492	28.49	156.48	0.00
04-02-97	E1.FD	Equity I Fund	1.996	29.30	58.49	0.00
04-02-97	E2.FD	Equity II Fund	0.123	27.24	3.35	0.00
04-02-97	EQ.FD	Equity Q Fund	2.099	32.07	67.32	0.00
04-30-97	TFMM.FD	Tax-Free Money Market Fund	5.82	1.00	5.82	0.00
05-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.680	20.88	97.71	0.00
05-30-97	TFMM.FD	Tax-Free Money Market Fund	8.76	1.00	8.76	0.00
06-03-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.479	20.95	72.88	0.00
06-30-97	TFMM.FD	Tax-Free Money Market Fund	10.21	1.00	10.21	0.00
07-02-97	F1.FD	Fixed I Fund	41.808	20.95	875.87	0.00
07-02-97	F3.FD	Fixed III Fund	12.521	10.24	128.21	0.00
07-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.720	21.03	78.23	0.00

Ronald Blue & Co.

TRANSACTION REPORT

LARGENT CHILDREN'S TRUST

56097011

From 01-01-97 To 12-31-97

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
07-02-97	RESF.FD	Real Estate Securities Fund	6.698	29.80	199.60	0.00
07-02-97	E1.FD	Equity I Fund	1.405	35.54	49.93	0.00
07-02-97	E2.FD	Equity II Fund	0.066	33.18	2.19	0.00
07-02-97	EQ.FD	Equity Q Fund	1.520	38.65	58.75	0.00
07-31-97	TFMM.FD	Tax-Free Money Market Fund	9.07	1.00	9.07	0.00
08-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.615	21.14	76.42	0.00
08-29-97	TFMM.FD	Tax-Free Money Market Fund	8.84	1.00	8.84	0.00
09-03-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.566	21.06	75.10	0.00
09-30-97	TFMM.FD	Tax-Free Money Market Fund	9.00	1.00	9.00	0.00
10-02-97	F1.FD	Fixed I Fund	40.761	21.32	869.02	0.00
10-02-97	F3.FD	Fixed III Fund	12.092	10.44	126.24	0.00
10-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.403	21.12	71.88	0.00
10-02-97	RESF.FD	Real Estate Securities Fund	5.837	32.78	191.35	0.00
10-02-97	E1.FD	Equity I Fund	1.220	39.03	47.62	0.00
10-02-97	E2.FD	Equity II Fund	0.031	39.35	1.22	0.00
10-02-97	EQ.FD	Equity Q Fund	1.363	41.75	56.90	0.00
10-31-97	TFMM.FD	Tax-Free Money Market Fund	8.08	1.00	8.08	0.00
11-04-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.411	21.11	72.01	0.00
11-28-97	TFMM.FD	Tax-Free Money Market Fund	7.95	1.00	7.95	0.00
12-02-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.429	21.13	72.45	0.00
12-19-97	F1.FD	Fixed I Fund	40.288	21.50	866.19	0.00
12-19-97	F3.FD	Fixed III Fund	14.524	10.41	151.19	0.00
12-19-97	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	3.805	21.17	80.56	0.00
12-19-97	EMMA.FD	Emerging Markets Fund	1.812	11.30	20.48	0.00
12-19-97	IN.FD	International Fund	7.601	34.14	259.49	0.00
12-19-97	RESF.FD	Real Estate Securities Fund	7.813	29.75	232.43	0.00
12-19-97	E1.FD	Equity I Fund	1.663	29.59	49.20	0.00
12-19-97	E2.FD	Equity II Fund	0.017	31.18	0.53	0.00
12-19-97	EQ.FD	Equity Q Fund	1.642	34.87	57.26	0.00
12-31-97	TFMM.FD	Tax-Free Money Market Fund	8.19	1.00	8.19	0.00
					6,559.38	0.00
					16,735.20	0.00

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Ewing for Congress	4/22/97	Commercial airfare from Tulsa/Chicago and then car transportation to Kankakee, IL	N	Y	N	N
	Hastert for Congress	4/22/97	By car from Kankakee,IL to Aurora,IL and then commercial airfare from Chicago/DC National Airport	N	Y	N	N
	Indiana Family Institute	7/21/97	Commercial airfare from Tulsa/Indianapolis,IN and then car transportation to Carmel,IN	N	Y	N	N
	Hostettler for Congress	7/21/97	By private jet from Indianapolis,IN/ Evansville,IN and then by private jet from Evansville,IN/DC National Airport	N	Y	N	N
	Hutchinson for Congress	9/13/97	No travel reimbursed- Steve Largent ended up driving from Tulsa/ Springdale,AR/Tulsa because of bad weather	N	Y	N	N

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
Shadegg for Congress; Salmon for Congress	9/26/97-9/28/97	Commercial airfare for Steve Largent from DC National/Phoenix on 9/26 and then from Phoenix/Tulsa on 9/28; Also commercial airfare on 9/26 for Terry Largent from Tulsa/Phoenix and then on 9/28 from Phoenix/Tulsa	Y	Y	Y	N
Christian Business Men's Committee of York, PA	10/6/97	Private hired car and driver from Washington, DC to York,PA and return	N	Y	N	N
Ed Bryant for Congress	12/12/97	Private jet from Tulsa/Memphis/Tulsa	N	Y	N	N
Boy Scouts	2/13/97-2/14/97	Washington,DC/Seattle, WA/Tulsa,OK	Y	Y	N	N
Goodlatte for Congress	2/27/97	Washington,DC/Roanoke, VA/Cincinnati,OH (private plane)St.Louis MO/Tulsa, OK	N	N	N	N
Commerce Committee	5/9/97	Tulsa,OK/Dallas,TX/Tulsa,OK	N	Y	N	N
BNFL (British Nuclear Fuels)	6/29/97-7/3/97	Tulsa,OK/England/Tulsa, OK	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
New York Stock Exchange	8/28/97-9/1/97	Washington,DC/New York/Tulsa,OK	Y	Y	Y	N
Seattle Seahawks (Pete (Gross luncheon)	10/1/97-10/3/97	Washington,DC/Seattle, WA/Tulsa,OK	Y	N	N	N
Fellowship of Christian Athletes	11/1/97-11/3/97	Tulsa,OK/Nashville,TN/Tulsa,OK(Cracker Barrel Plane)	N	Y	Y	N
National Football League	11/8/97	Tulsa,OK/Dallas,TX/Tulsa,OK	N	Y	Y	N
Zac Wamp Event	10/26/97-10/27/97	Tulsa,OK/Chattanooga,TN commercial air; Chattanooga,TN/Washington,DC private plane owned by W. Allan Jones,Jr.	Y	Y	N	N

This page may be copied if more space is required.

RECEIVED

98 MAY 12 PM 12:24

CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES

(7)

HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Thomas P. Latham
(Full Name)

178 180th Street
(Mailing Address)

Alexander, Iowa 50420

Daytime Telephone
(515)692-3599

Filer Status	[X] Member of the U S House of Representatives — State: Iowa District: 5th	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S.C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Thomas P. Latham

DATE (Month/Day/Year) 5/12/98

2128

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Latham Seed Company	Salary	$9,740

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

				A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
SP, DC, JT	*Examples*	SP	Mega Corp Stock					X								X																		P
			Simon & Schuster		Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts						X									X									X							
			(1/3 Int.) Latham Seed Co, Common stock								X											S Corp. income								X				P
			Latham Kanawha Farm (80acres) Partnership Interest (25%)			X																Partnership Income				X								
			Latham Hospital Farm (360 acres) Partnership interest (25%)					X														Partnership Income					X							
			Latham Wright Farm (562 acres) Partnership Interest (20%)						X													Partnerhip Income					X							P
			Farm Buildings Alexander, Iowa			X											X									X								
			Nationwide Life Ins. Co. Annuity Contract Columbus, OH					X								Not Applicable							Not Applicable											

For additional assets and unearned income, use next page.

2130

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas P. Latham

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	401(K) Pension Plan																															
	Fringe Benefits Design Inc				X									Not	Applicable						Not	Applicable										
	Individual Retirement Acct.																															
	Solomon Smith Barney				X									Not	Applicable						Not	Applicable										
	First Citizens National Bank															X							X									
DC	Clarion Iowa				X											X							X									
DC	First Citizens National Bank																															
	Clarion Iowa				X											X							X									
	Northwestern State Bank																															
	Orange City Iowa						X									X										X						
	Municipal Bonds - Solomon Sm. Bar																															
	Waterloo, Iowa Wtrwks Rev Serv A				X											X								X								
	Municipal Bonds - Sol. Sm. Barney																															
	Ia St. Univ Sci & Tech. Univ.																															
	St. Univ. IA Academic O.cpn				X											X								X								
	Municipal Money Mkt Fund																															
	Solomon Smith Barney			X										X									X									P
	Mutual Funds Fidelity Advisors																															
	Solomon Smith Barney						X							X												X						P
	Green Circle Investments, Inc			(1/6	Int.)																											
	Bank Holding Company for Peoples																															
	Trust & Savings Bank							X						X							X											

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Thomas P. Latham

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-97		X								
	Latham Wright Farm purchased an additional 78 acres of farm land	X			01-01-97		X								
	Municipal Money Market Funds Solomon Smith Barney	X			Various 1997	X									
	Mutual Funds Fidelity Advisors Solomon Smith Barney (dividend reinvested)	X			12-08-97	X									

This page may be copied if more space is required.

Name Thomas P. Latham

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Northwestern State Bank - Orange City IA	Campaign Loan				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
Not Applicable		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Consultant	Latham Seed Company
General Partner	Latham Kanawha Farm
General Partner	Latham Hospital Farm
General Partner	Latham Wright Farm

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	Not Applicable	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

TOM LATHAM
Representing Iowa's 5th District

WASHINGTON OFFICE
516 Cannon Building
Washington, D.C. 20515
(202) 225-5476

APPROPRIATIONS COMMITTEE

HAND DELIVERED

ORANGE CITY OFFICE
123 Albany Avenue, S.E. - Suite #1
Orange City, Iowa 51041
(712) 737-8708

SIOUX CITY OFFICE
526 Pierce Street
Sioux City, Iowa 51101
(712) 277-2114

SPENCER OFFICE
20 West Sixth Street, Suite 302
Spencer, Iowa 51301
(712) 262-6480

FORT DODGE OFFICE
1411 First Avenue, South - Suite A
Fort Dodge, Iowa 50501
(515) 573-2738

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

May 14, 1998

(3)

MC

98 MAY 15 AM 9:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
RECEIVED

The Clerk
U.S. House of Representatives
Legislative Resource Center
B106 Cannon HOB
Washington, DC 20515-6612

To Whom It May Concern:

Enclosed you will find an amendment to my financial disclosure statement for calendar year 1997.

This letter will certify that my report is now eight pages in length. The initial statement, which I filed on May 12, 1998, was seven pages in length. Page seven of that initial filing is now amended as page eight. I have enclosed schedule VII that is now page seven of my statement.

Also enclosed is the amended summary page for the statement.

Thank you for your assistance in this matter.

Sincerely,

Tom Latham

Tom Latham
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

01 MAY 15 AM 9:55
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED (3)
MC (Office Use Only)

Thomas P. Latham
(Full Name)

178 - 180 Street
(Mailing Address)

Alexander, Iowa 50420

Daytime Telephone
515/692-3240

Filer Status: [X] Member of the U.S. House of Representatives — State: Iowa District: 5th — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas P. Latham

DATE (Month/Day/Year): 5-14-98

2136

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute (Bipartisan Retreat)	Mar. 7-9	Wash, D.C.-Hershey, PA-Wash. D.C.	Y	Y	Y	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 14 PM 4:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Steven C. LaTourette
(Full Name)

1239Longworth HOB, Washington, D.C. 20515
(Mailing Address)

225-5731
Daytime Telephone

HC
HAND DELIVERED
(Office Use Only)

5

Filer Status	[X] Member of the U S House of Representatives — State Ohio District 19	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — S C LaTourette

DATE (Month/Day/Year) — 5/14/98

2138

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Brandt's Candies	Spouse Salary	$1,800

For payments to charity in lieu of honoraria, use Schedule II.

Name Steven C. LaTourette	Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
Pasteur Club of Cleveland	Speech	Dec. 1997	$250

This page may be copied if more space is required.

Name Steven C. LaTourette

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Ohio Bar Liability Corp. Stock			X	2-98	X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Mar. 7-9	Wash., D.C.--Hershey--D.C.	Y	Y	Y	N

This page may be copied if more space is required.

RECEIVED
98 MAY 15 PM 3:15

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(Office Use Only) (8)

Rick A. LAZIO
(Full Name)
126 SOUTH WINDSOR AVENUE
(Mailing Address)
BRIGHTWATERS, NY 11718
Daytime Telephone 516-893-9010

Filer Status	[X] Member of the U.S. House of Representatives — State: NY District: 02	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Rick A. Lazio

DATE (Month/Day/Year): 5-14-98

2143

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SOUTHSIDE HOSPITAL	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Rick A. Lazio | Page 2 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								
	Simon & Schuster			Indefinite																Royalties								X			
	1st Bank of Paducah, KY accounts						X									X																
	69 HOLLY WALK, FAIR HARBOR NY						X								X										X							
	CONGRESSIONAL FED CREDIT U.			X												X								X								
	PECO ENERGY STOCK			X										X								X										
	ASCEND COMMUNICATIONS STOCK			X										X							X											P
	QUICK + REILLY GROUP STOCK				X									X								X										P
	SUN MICROSYSTEMS STOCK			X										X							X											P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rick A. Lazio

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	DREYFUS GENERAL MM FUND			X										X									X									P
	JOHNSON + JOHNSON STOCK			X										X								X										P
	NIKE INC. STOCK			X										X								X										P
	Mc DONALD'S STOCK			X										X								X										
	US FILTER STOCK			X										X							X											P
	JOHNSON + JOHNSON CALLS JAN 00	X															X						X									S
	QUICK + REILLY CALLS JAN 00	X															X						X									S
(IRA)	DREYFUS GENERAL MM FUND			X										X									X									P
(IRA)	QUICK + REILLY GROUP STOCK			X										X								X										P
	US FILTER CALLS JAN 00	X															X							X								S
	Mc DONALD'S CALLS JAN 00	X															X						X									S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Rick A. Lazio

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Pepsico Inc Stock		X		01-17-97	X									
	ATT Stock		X		09-25-97	X									
	Colonial High Income Municipal Trust		X		05-23-97	X									
	Computer Associates Intl. Stock		X		07-18-97	X									
	Gap Inc Stock		X		06-20-97	X									
	Puget Sound Energy Stock		X		12-16-97	X									
	Quick + Reilly Group OCT 30 CALLS		X		09-17-97		X								
	Ascend Communications Stock	X			09-24-97	X									
	Quick + Reilly Group Stock	X			02-11-97	X									
	Quick + Reilly Group Stock	X			06-24-97	X									
	Sun Microsystems Stock	X			10-20-97	X									
	ATT Stock	X			05-15-97	X									
	Johnson + Johnson Stock	X			07-25-97	X									
	Nike Inc Stock	X			05-23-97	X									
	US Filter Stock	X			09-10-97	X									
	US Filter Stock	X			11-10-97	X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name RICK A LAZIO

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	QUICK + REILLY GROUP OCT 30 CALLS	X			08-01-97	X									
	U.S. FILTER JAN 40 CALLS		X		09-17-97	X									
	JOHNSON + JOHNSON STOCK		X		01-17-97	X									
	PEPSICO INC STOCK		X		07-18-97	X									
	PEPSICO INC STOCK	X			03-14-97	X									
	PFIZER INC STOCK	X			08-14-97	X									
	PFIZER INC STOCK		X		12-19-97	X									
	SUN MICROSYSTEMS STOCK	X			04-11-97	X									
	SUN MICROSYSTEMS STOCK		X		07-18-97	X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NOVOGRADAC & Co.	JAN. 10-13	L.I, NY - ORLANDO - L.I, NY	Y	Y	Y	1
	RSA BOND MARKET ASSOC.	JAN 14-15	L.I., NY - NYC - L.I. NY	Y	Y	Y	N
	ASPEN Institute	MARCH 7-9	L.I, NY - HERSHEY, PA. - LI, NY	Y	Y	Y	N
	NYS RESERVE OFFICERS ASSOC	Apr. 19-20	L.I., NY - Glen FALLS, NY - LI, NY	Y	N	N	N
	TOURO COLLEGE OF LAW	MAY 24-26	L.I, NY - NYC - LI, NY	Y	Y	Y	N
	RIPON EDUCATIONAL FUND	AUG. 9-16	L.I., NY - PRAGUE - LI, NY	Y	Y	Y	N
	AMERICAN ISRAEL Public Affairs Committee	Oct. 31-Nov 3	L.I. NY - Ft. LAUDERDALE, LI, NY	Y	Y	Y	N
	FREEDOM ALLIANCE	DEC 5-6	L.I, NY - NYC - LI. NY	Y	N	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1-93	SUFFOLK COUNTY RETIREMENT PLAN - NYS EMPLOYEE RETIREMENT SYSTEM	PRESENTLY ALL FUNDS ARE NOT VESTED. VESTING CAN BE ATTAINED ONLY IF COUNTY OR STATE SERVICE IS RESUMED.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 JUN 11 PM 5:08

HAND DELIVERED

MC (Office Use Only)

RICK LAZIO
(Full Name)
126 SOUTH WINDSOR AVENUE
(Mailing Address)
BRIGHTWATER NY 11718
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 2ND	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [ ]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 6/11/98

2151

RICK A. LAZIO
AMENDED 1997 FINANCIAL DISCLOSURE STATEMENT

ADDITONAL INFORMATION:

The Sun Microsystems stock reported on Schedule IV as both a purchase and a sale should not be reported on Schedule III. It did not generate dividend or capital gain income of $200 or more during 1997 and had no value as of the end of the year (since it had been sold).)
The Sun Microsystems stock reported on Schedule IV as purchased in October 1997 is properly reported on Schedule III. (Page 1, Line 6).

The Bank of New York account is not listed on Schedule III because its value at 12/31/97 did not exceed $1,000 and it did not generate $200 or more in unearned income during 1997.

Freeport McMoran Resource Partners LP is not listed on Schedule IV because its sale in 1997 resulted in proceeds of less than $1,000. It is not listed on Schedule III because it did not generate interest or capital gain income of $200 or more in 1997 and had no value at the end of the year (since it had been sold).

Colonial High Income Municipal Trust is not reported on Schedule III because it did not generate interest or capital gain income of $200 or more in 1997 and had no value at the end of the year (since it had been sold).

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RICK A. LAZIO

Page 3 of 3

SP. DC. JI	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	PFIZER STOCK	X															X							X								P, S
	AT+T STOCK	X												X			X						X									P, S
	PEPSICO STOCK	X															X						X									P, S
	COMPUTER ASSOCIATES STOCK	X												X			X						X									P, S
	GAP INC. STOCK	X												X			X						X									P, S
	PUGET SOUND ENERGY STOCK	X												X			X						X									P, S

This page may be copied if more space is required.

2154

98 MAY 14 PM 2:22

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (17)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

James A. Leach
(Full Name)

2186 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone: 202 225 6576

Filer Status					
	[X] Member of the U.S. House of Representatives	State: IA District: 01	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James A. Leach

DATE (Month/Day/Year): 5/14/98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NA	NA	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NA	NA	NA	$0.00

Name James A. Leach

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	*Examples:* Mega Corp. Stock			X									X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Adel Wholesalers, Incorporated								X				X													X			
	Leach Family Farms, Inc.						X						X											X					
	Mehta Tech, Inc.								X						X										X				
	Merrill Lynch CMA				X										X						X								
	Foxley Cattle Company								X				X													X			
SP	Merrill Lynch CMA				X										X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

Page 5 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	The following investments are held in the																												
	Lois Hill Leach Trust:																												
	Michigan Mun. Bd. Auth. Dev.				x										x							x							
	CMA Treasury Fund			x											x						x								P
	Airtouch Communications		x										x						x										
	AT & T Corp.			x									x							x									
	Ameritech Corp.			x									x							x									
	Amn Water Works		x										x							x									
	Bell Atlantic Corp.			x									x							x									
	BellSouth Corp.		x										x							x									
	Boeing Company			x									x							x									P
	Bristol Myers Squibb Co.			x									x							x									P
	Domtar Inc.		x										x						x										
	Ericsn LM Tel.			x									x							x									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	FPL Group Inc.		x										x							x									
	GATX Corp.			x									x							x									
	General Electric			x									x							x									P
	IMC Global Inc. Del PV		x										x						x										
	International Flavors & Frangrances			x									x							x									
	Kansas City Power & Light		x										x							x									
	Lucent Technologies		x										x						x										
	Lee Enterprises Inc.		x										x							x									
	Lee Enterprises Inc. CL B		x										x							x									
	Mattel Inc.		x										x						x										
	Merck & Co. Inc.			x									x							x									
	Motorola Inc.		x										x						x										
	Nestle			x									x							x									
	Potash Corp. Saskatchewan		x										x						x										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

Page 7 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	Regal Beloit Corp.			x									x							x									
	SBC Communications Inc.			x									x							x									
	Sara Lee Corp.			x									x							x									
	Sysco Corporation			x									x							x									
	Toys R Us		x										x						x										
	Tupperware	x											x						x										S
	U.S. West Communications Media Group		x										x							x									
	U.S. West Communications Group		x										x						x										
	Standard & Poors Deposit Receipts		x										x						x										P
	ML Eurofund FD CL A			x									x										x						P
	Templeton Foreign Fund				x								x										x						P
	ML Technology Vent LP	x													x				x										
	NCR Corp New	x											x						x										P, S

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	The following securities are held by																												
	Merrill Lynch:																												
SP	Domtar Inc.	x											x						x										S
SP	Flexsteel Inds. Inc.	x											x						x										S
SP	GATX Corporation		x										x							x									
SP	Lee Enterprises Inc.			x									x							x									
SP	Singapore Air		x										x						x										
SP	Adams Express	x											x						x										S
DC	GATX Corporation		x										x							x									
DC	UAL Corp.		x										x						x										
DC	Lee Enterprises				x								x								x								
DC	MidAmerican Energy		x										x							x									
DC	Singapore Air		x										x							x									
DC	Domtar Inc.		x										x						x										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

Page 9 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
DC	America On-line Inc. Del	x														x					x								S
DC	CMA Fund			x											x						x								P
DC	Capital Builders Fund		x												x				x										P
DC	Rough Pine Productions, LLC	x											x						x										P
	Merrill Lynch IRA Account:																												
SP	Singapore Air			x									x							x									
SP	Retirement Reserves Fund		x												x				x										P
	The following is also held by																												
	Elisabeth Leach:																												
SP	Wyoming Mineral Rights		x											x					x										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Congressional Credit Union		x												x					x									
	Merrill Lynch IRA Account:																												
	Singapore Air			x									x							x									
	Retirement Reserves Fund		x												x				x										P
	Norwest Bank IRA Account:																												
SP	Retirement Savings Certificates		x												x				x										
	Retirement Savings Certificates		x												x				x										

This page may be copied if more space is required.

2163

SCHEDULE IV — TRANSACTIONS

Name James A. Leach

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	CMA Treasury Fund	x			Various	x									
	Boeing Company Stock Dividend	x			06-12-97	x									
	Bristol Meyer Squibb Stock Dividend	x			03-06-97	x									
	General Electric Stock Dividend	x			05-15-97	x									
	Standard & Poor Deposit Receipts	x			12-23-97	x									
	Tupperware		x		12-23-97	x									
	ML Eurofund FD CL A	x			Various	x									
	Templeton Foreign Fund	x			Various	x									
	NCR Corp. New	x			01-09-98	x									
SP	Domtar Inc.		x		02-21-97	x									
SP	Flexsteel Ind. Inc.		x		02-21-97	x									
SP	Adams Express		x		10-15-97	x									
DC	America On-Line Inc. Del		x		05-08-97	x									
DC	CMA Fund	x			Various		x								
DC	Capital Builders Fund	x			Various	x									
	Retirement Reserves Fund	x			Various	x									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name James A. Leach

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
SP	Retirement Reserves Fund	x			Various	x									
	NCR Corp. New		x		07-15-97	x									
DC	Rough Pine Productions, LLC	x			07-01-97	x									

This page may be copied if more space is required.

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	First Midwest Corp. Joliet, Illinois	mortgage on Iowa residence	$250,001 - $500,000

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.
Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.
For further information, see Instructions, pages 22-24

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		NA	$0.00

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
World Affairs Council of Western Michigan	01/16/97 to 01/17/97	Moline, IL to Grand Rapids, MI to Washington, D.C.	Y	Y	N	NO
Independent Bankers Association of America	03/21/97 to 03/22/97	Washington, D.C. to Phoenix, AZ to Washington, D.C.	Y	Y	N	NO
Congressman Roy Blunt	10/12/97	Moline, IL to Springfield, MO	N	Y	N	NO
Congressman Jim Ryun	10/12/97 to 10/13/97	Springfield, MO	Y	Y	N	NO
Congressman Jon Fox	11/19/97	Washington, D.C. to Philadelphia, PA	N	Y	N	NO
Congresswoman Sue Kelly	11/19/97	Philadelphia, PA to New York City, NY to Washington, D.C.	N	Y	N	NO
Conference For All Republicans	11/21/97	Washington, D.C. to Chicago, IL to Moline, IL	Y	Y	N	NO
Bipartisan Congressional Retreat at Hershey, Pennsylvania	3/7/97-3/9/97	Washington, D.C. to Hershey, Pennsylvania to Washington, D.C.	Y	Y	Y	NO

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member of the Board (unpaid)	Woodrow Wilson School of Princeton University
Vice Chair of the Board (unpaid)	Twentieth Century Fund (non-profit educational foundation)
Member of the Board (unpaid)	Johns Hopkins University SAIS Advisory
Member of the Board (unpaid)	The Kettering Foundation (non-profit educational foundation)

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
NA	NA	NA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 2:39

HAND DELIVERED

MC (Office Use Only) 5

BARBARA LEE
(Full Name)

House Office Building, 2108 Rayburn Washington, D.C.
(Mailing Address)

Daytime Telephone (202) 225-2661

Filer Status	[X] Member of the U.S. House of Representatives	State California District 9	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Barbara Lee

DATE (Month/Day/Year) May , 1998

2171

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	W.C.PARISH CO., INC. (DBA Lee Associates and Sentinel Security	Salary	$ 57,419
	W.C.PARISH CO, INC. (DBA Lee Associates and Sentinel Security)	Income to the business	10,168,390
	State of California - California Legislature	Salary	75,852

For payments to charity in lieu of honoraria, use Schedule II.

Name BARBARA LEE

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC, Examples:	Simon & Schuster			Indefinite																Royalties								X			
JT	1st Bank of Paducah, KY accounts						X									X									X						
	Franklin Fund Keogh Account	X																			N	A									
	W.C.Parish Co,. Inc.												X							X(business)										X	
	Rental Property: 1526 Atlanta Ave., Portsmouth, VA				X										X						X										
	State of California Savings Plus Retirement Plan				X																N	A									
	Merrill Lynch Retirement Reserve				X																N	A									
	Manulife Financial Retirement Account			X																	N	A									

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wells Fargo Bank	Business loans to W.C.Parish						X				
	Merrill Lynch	Business line of credit			X							
	VISA	Line of credit	X									
	GMAC	Mortgage on rental property	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

2174

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Proprietor	W.C.Parish Co., Inc. (dba Lee Associates/Sentinel Security)
Trustee	Ghana Children's Fund (a non-profit public benefit corporation (A project of the East Bay Community Foundation)
Board Member	W.C.Parish Foundation, Inc. (a non-profit public benefit corporation)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
98 MAY 15 PM 1:11
HANDCARRIED

Sander M. Levin
(Full Name)

2209 Rayburn Building
(Mailing Address)
Washington DC 20515

Daytime Telephone: 202/225-4961

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sander M. Levin

DATE (Month/Day/Year): 5/14/98

2176

Name Sander M. Levin	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Victoria Levin, National Institute of Mental Health	Spouse Salary	$65,411.29

For payments to charity in lieu of honoraria, use Schedule II.

Name Sander M. Levin	Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	KMart Family Foundation: Donations to: Macomb Zero Tolerance - $250; Coalition of Healthy Communities - $250.	Kids Race Against Drugs in Washington, DC on 9/10/97	9/10/97	$500.00

Name Sander M. Levin | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Wright Patman Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	NA
JT	First Union	$1,001 - $15,000	Interest	$1 - $200	NA
	Michigan National Bank	$1,001 - $15,000	Interest	$1 - $200	NA
JT	1/2 interest in 78A; 1/6 interest in 18A, Tyrone Township, Michigan	$50,001 - $100,000	NA	None	NA
	1/9 undivided interest in commercial real estate, West Maple, Birmingham, Michigan	$100,001 - $250,000	Rent	$15,001 - $50,000	NA
	5.3% interest in accounts receivable from Hayden Gregory previously held by LNS Co., a general partnership now liquidated.	$15,001 - $50,000	NA	None	NA

Name Sander M. Levin | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	5.3% interest in Michigan mineral rights previously held by LNS Co , a general partnership now liquidated (see attached).	$15,001 - $50,000	NA	$5,001 - $15,000	Royalty
	5.3% interest in LRS Co., a general partnership owning real estatein Romulus and Pontiac Townships, Michigan and accounts receivable.	$1,001 - $15,000	NA	None	NA
JT	Vacation house, Lot 4,, West Tisbury, MA	$250,001 - $500,000	Rent	$15,001 - $50,000	NA
SP	IRA - Merrill Lynch (see attachment)	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
	KEOGH - Merrill Lynch (see attachment)	$50,001 - $100,000	Dividends	$2,501 - $5,000	NA
	Merrill Lynch C.B.A.	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Loan: Clark and Bonnie Barnes, Victoria Rd., Tyrone Township, Livingston Co., MI	$1,001 - $15,000	Interest	$201 - $1,000	NA
	Martha's Vineyard Cooperative Bank	$1 - $1,000	Interest	$1 - $200	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

ATTACHMENT:

5.3% Interest in Michigan mineral rights previously held by LNS Co., a general partnership now liquidated: Shell Western - income - $121; Michigan Consolidated Gas Co.- income - $150; Antrium Gas - income - $79; and Mercury Exploration Co., an assignee from a previous lease, which assignment became known to signatory upon receipt of accumulated royalties of $24,601 gross and $13,850 net income. The year-end value of this interest is estimated herein based on latest available information and technical advice.

ATTACHMENT:

1. IRA - Merrill Lynch Portfolio
   - Merrill Lynch Growth Fund CL D
   - Merrill Lynch Federal Securities Trust CL D
   - Merrill Lynch Retirement Reserves Money Market

2. KEOGH - Merrill Lynch Portfolio

   Money Purchase Plan:
   - Merrill Lynch Growth Fund CL D
   - Merrill Lynch Basic Value Fund CL B
   - Fidelity Advisor Ser VII Overseas Portfolio CL T
   - Merrill Lynch Retirement Reserves Money Market

   Profit Sharing Plan:
   - Merrill Lynch Growth Fund CL D
   - Fidelity Advisor Growth Opportunities Portfolio CL T
   - Merrill Lynch Basic Value Fund CL B
   - Fidelity Advisor Ser VII Overseas Portfolio CL T
   - Merrill Lynch Retirement Reserves Money Market

Name Sander M. Levin	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Homeside Lending Co., Birmingham, AL	Mortgage on vacation house, West Tisbury, MA	$250,001 - $500,000
	Bank of Boston	Equity loan on vacation house, West Tisbury, MA	$15,001 - $50,000

Name Sander M. Levin	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Aspen Institute (Bipartisan Congressional Retreat)	March 7-9, 1997	Wash., DC-Hershey, Penn.-Wash., DC	Y	Y	Y	NA

Name Sander M. Levin	Page ____ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	LRS Company

RECEIVED

98 MAY 11 PM 2:49

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC

(22)

HAND DELIVERED
(Office Use Only)

2185

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

JERRY LEWIS
(Full Name)

2112 Rayburn House Office Building
(Mailing Address)

Washington, D. C. 20515

(202) 225-5861
Daytime Telephone

Filer Status	[x] Member of the U.S. House of Representatives — State: CA District: 40th	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Copy of Financial Disclosure Statement of Spouse is attached.

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001). May 4 1998

SIGNATURE OF REPORTING INDIVIDUAL Jerry Lewis

DATE (Month/Day/Year) 5-4-98

Name	JERRY LEWIS	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Legislators' Retirement System, State of CA.	Legislative Pension	$3,250.70

For payments to charity in lieu of honoraria, use Schedule II.

Name	JERRY LEWIS	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	NONE			

This page may be copied if more space is required.

Name JERRY LEWIS | Page1 of2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income. For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction. Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP, DC, JT	*Examples*																															
SP	Mega Corp Stock					X								X																		P, S, E
	Simon & Schuster			Indefinite																Royalties												P
	1st Bank of Paducah, KY accounts						X									X																
	631 Constitution Ave. NE, Wash.D.C. 20002								X						X												X					
	Charles Schwab & Co. Inc. IRA consisting of cash and Odwalla, Inc. stock				X											NONE									NONE							
	Lewis Family Trust-1/4 sh. (copy attached)					X								Trust distributions										X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JERRY LEWIS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Odwalla, Inc. common stock	F	INTEREST: NONE	V: NONE	
	Congressional Federal Credit Union	C	INTEREST	III	
	1120 1/2 C St. NE Wash. D. C. 20002	F	RENT	VI	
	Parcel 13 as shown on Map 4416, recorded May 23, 1979, Book 47, Pgs. 65 & 66, County of San Bernardino	D	INTEREST: NONE	V: NONE	
	Penn Mutual Life Ins. Co. Retirement System	F	INTEREST: NONE	V: NONE	
	Legislators' Retirement System, St. of CA	F	Other Type of Income: Legislative Pension	V	
	San Bernardino County Central Credit Union				
	Now Arrowhead Credit Union	B	INTEREST	II	

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name JERRY LEWIS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	NONE														

This page may be copied if more space is required.

2190

Name	JERRY LEWIS	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Mellon Mortgage Co. (formerly Flagstar Bank)	Mortgage on 1120 1/2 C St.,Washington,D.C.20002			x							
	BOMCC	Mortgage on 631 Constitution,Wash.D.C. 20002					x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name	JERRY LEWIS	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
San Diego State University's Fred J. Hansen Institute for World Peace	Jan. 21-Jan. 28	Wash.D.c.-Egypt-Wash. D.C.	Y	Y	Y	N
Aspen Institute's Institute Bipartisan Cong. Retreat	March 7-March 9	Wash. D.C.-Hershey,Pa. Wash. D.C.	Y	Y	Y	N
The Connell Company (Cong. Seminar)	June 20-June 23	Wash.,D.C.-Newark,N.J. N.Y. City-Wash.D.C.	Y	Y	Y	N
National Association of Realtors Public Policy Forum	Nov. 14-Nov. 16	Wash.D.C.-New Orleans, La.-Wash. D.C.	Y	Y	Y	N

This page may be copied if more space is required.

Name	JERRY LEWIS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD OF DIRECTORS	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL
ADVISORY COUNCIL	HIGH DESERT PARTNERSHIP IN ACADEMIC EXCELLENCE FOUNDATION, INC.
BOARD OF DIRECTORS	NATIONAL FUND FOR THE U. S. BOTANIC GARDEN
COMMISSIONER	FRANKLIN DELANO ROOSEVELT MEMORIAL COMMISSION - Terminated 12/31/97

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
July 1959	Penn Mutual Life Insurance Co. Agent retirement plan--monthly life annuity beginning at age 65. A standard agent's insurance contract. Commissions are paid in conformity with N.Y. State law and ongoing fees paid for service to policy holder for life of contract.	
1969	Legislators' Retirement System, State of California. Public Employees Retirement System.--Monthly life annuity beginning at age 60.	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

whom the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

Richard J. Lewis

Edward R. Lewis, Jr.

C. Jeremy Lewis

John C. Lewis

Approved as to form:
GRESHAM, WARNER, SAVAGE, NOLAN & TILDEN

By: Philip M. Savage, III

All assets in the Edward R. and Elaine L. Lewis Trust dated June 15, 1983 remaining following outright distribution after the death of Edward R. Lewis on May 13, 1988, including but not limited to the following:

1. Note dated 5-18-78 in the amount of $11,933.14 by Mark E. Brandlin, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 5-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1034, in Book 9763, Page 1571. Reconveyed

2. Note dated 7-18-84 in the amount of $31,750.00 by Robert Bresnahan and Carolyn Bresnahan and Carolyn Bresnahan as joint tenants, and Rob Bresnahan, at 7% per annum, payments of $250.00 payable on the 18th day of each calendar month, commencing on 7-18-79, secured by deed of trust recorded 8-27-84 as Instrument 84-204415.

3. Note dated 9-1-78 in the amount of $23,245.00 by Gerald W. Bromley and Phyllis Bromley, joint tenants, at 7% per annum, payments of $175.00 payable on the 1st day of each calendar month, commencing 10-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1035, in Book 9763, Page 1572.

4. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

5. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

6. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $60,000.00 by Glasscamp, Inc.

7. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $32,000.00 by Glasscamp, Inc.

8. Note dated 7-22-75 in the amount of $14,400.00 by Alan G. DeWeese and Margaret M. DeWeese, at 7% per annum, payments of $125.00 payable on the 23rd day of each calendar month, commencing 8-23-75, secured by deed of trust recorded 9-4-79 as Instrument 1031, in Book 9763, Page 1568. - Reconveyed

9. Note dated 9-24-80 in the amount of $12,575.00 by Edward W. Heber, Jr., and Judith A. Heber, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 10-1-80, secured by deed of trust recorded 1-19-81 as Instrument 81-012555.

10. Note dated 5-8-78 in the amount of $14,404.22 by James A. and Earleen K. Helm, at 7% per annum, payments of $125.00 payable on the 5th day of calendar month, commencing 6-5-78, secured by deed of trust recorded 9-4-79 as Instrument 1038, in Book 9763, Page 1575.

11. Real property in San Bernardino County, CA, subject to contract for sale dated 4-20-73 for $12,000.00 by Randy Don Hopkinson & Georgette M. Hopkinson. - Reconveyed

12. Note dated 12-24-84 in the amount of $31,750.00 by Sam J. Kahn and Betty L. Kahn as joint tenants, and Robert Craig Bennion and La Ree Bennion as joint tenants, at 7% per annum, payments of $250.00 payable on the 30th day of each calendar month, commencing on 6-30-77, secured by deed of trust recorded 1-2-85 as Instrument 85-000662.

13. Real property in San Bernardino County, CA, subject to contract for sale dated 6-13-79 for $32,000.00 by Carl E. Knauff, Peggy Knauff, Randy W. Roach, Barbara Roach, Stephen F. Jaurigue, Kathleen S. Jaurigue, Philippe J. Tatton, and Susan E. Tatton.

14. Note dated 4-2-84 in the amount of $15,775.00 by Harold E. Koenig, at 7% per annum, payments of $125.00 payable on the 15th day of each calendar month commencing on 9-25-76, secured by deed of trust recorded 5-17-84 as Instrument 84-116000.

15. Note dated 8-31-78 in the amount of $14,000.00 by Albert Lara, at 7% per annum, payments of $125.00 payable on the 30th day of each calendar month, commencing 9-30-78, secured by deed of trust recorded 9-20-79 as Instrument 1137, in Book 9775, Page 1620.

16. Real property in San Bernardino County, CA, subject to contract for sale dated 2-4-84 for $12,000.00 by Richard J. and Donna F. Lewis.

17. Real property in San Bernardino County, CA, subject to contract for sale dated 10-16-79 for $32,000.00 by Marilyn L. Mahan.

18. Note dated 4-1-84 in the amount of $23,600.00 by Michael B. Oliver and Sheila R. Oliver, joint tenants, at 7% per annum, payments of $175.00 payable on the 15th day of each calendar month, commencing on 7-15-77, secured by deed of trust recorded 5-17-84 as Instrument 84-116062.

19. Note by Harold J. Petty and Netty L. Petty at 7% per annum secured by deed of trust recorded as Instrument No. 913 on Dec. 19, 1979 in Book 9583, Page 1403.

20. Note dated 9-28-76 in the amount of $14,011.86 by Melvin L. Smith, Jr., and Marilyn A. Smith, joint tenants, at 7% per annum, payments of $125.00 payable on the 21st day of each calendar month, commencing on 10-21-76. Paid off

21. Real property in San Bernardino County, CA, subject to contract for sale dated 5-2-85 for $12,102.28 by Frances M. Stephenson and Austin Shrack.

22. Note dated 4-7-83 in the amount of $28,450.85 by Pauline R. Walton and Bobbie R. Skinner, at 7% per annum, payments of $250.00 payable on the 15th day of each calendar month, commencing 4-15-83, secured by deed of trust recorded 4-19-83 as Instrument 83-082026.

23. Real property in Los Angeles County, CA, subject to contract for sale dated 1-20-88 for $10,000.00 by Rommel Agee.

24. Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

25. Improved real property situated in San Bernardino, CA, at 5328 Park Lane, described as: Sold - [illegible]

Lot 2, Tract 5123 as per plat recorded in Book 62 of maps, page 23, records of San Bernardino County, Assessor's Parcel 154-051-37. - Sold - 1991

26. Improved real property situated in San Bernardino, CA, at 5634 Argyle Street, described as: - Sold in 1990

Lot 29, Tract 5095 as per map recorded in Book 75 of Maps, pages 23-24 in the office of the County Recorder of San Bernardino County.

27. Pacific Savings Bank Account # 0535262-0 - Transferred to Ch. acct.

28. Franklin Fund - Sold in 1991
California Tax-Free Income Fund - Account No. 112043617 24

29. Parcel No. 7 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47, pages 65 and 66 in the office of the County of San Bernardino, State of California. Quitclaimed to trust by Richard Lewis 9/17/91.

C. Jeremy Lewis

C. Jeremy Lewis

John C. Lewis

Edward R. Lewis

Richard J. Lewis

29. -

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 11 PM 2:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

ARLENE M. WILLIS
(Full Name)

2112 Rayburn House Office Building
(Mailing Address)

Washington, D. C. 20515

(202) 225-5861
Daytime Telephone

Filer Status	[ ] Member of the U.S. House of Representatives	State District:	[x] Officer or Employee — Employing Office: Jerry Lewis, M.C.
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Copy of Financial Disclosure Statement of Spouse is attached

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Arlene M. Willis

DATE (Month/Day/Year): May 7 1998

2199

Name	ARLENE M. WILLIS	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Knuno State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Only as shown on Financial Disclosure Statement of Spouse attached hereto.		

For payments to charity in lieu of honoraria, use Schedule II.

2200

Name ARLENE M. WILLIS	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
NONE			

This page may be copied if more space is required.

Name ARLENE M. WILLIS | Page 1 of 1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 - $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	ALL AS SHOWN ON FINANCIAL DISCLOSURE STATEMENT OF SPOUSE ATTACHED HERETO and:																															
	Charles Schwab & Co., Inc. IRA consisting of cash and Odwalla, Inc. stock.				X											NONE								NONE								

For additional assets and unearned income, use next page.

2202

SCHEDULE IV — TRANSACTIONS

Name ARLENE M. WILLIS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	NONE														

This page may be copied if more space is required.

2203

Name	ARLENE M. WILLIS	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP. DC. JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	All as set forth on Financial Disclosure Statement of											
	Spouse attached hereto.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

2204

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
All as set forth on Financial Disclosure Statement of Spouse attached hereto.							

This page may be copied if more space is required.

2205

Name	Page 1 of 1
ARLENE M. WILLIS	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1998 46-260 (rev)

Use additional sheets if more space is required.

2206

RECEIVED

98 MAY 15 PM 5:04

HAND DELIVERED (Office Use Only)

(10)

2207

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Representatives John Lewis
(Full Name)

US. House of Representatives
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-3801

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**		X
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL John Lewis

DATE (Month/Day/Year) 5/14/98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Clark Atlanta Unversity, Atlanta GA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	American Federation of Teachers	Human Rights Award	6-23-1997	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	

2210

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000

2211

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

2212

Name	Page 7 of 10

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
AIPAC	11-2-97 to 11-3-97	Atl-Ft Lauderdale	Y	Y	N	None
The One Hundred	11-23-97 to 11-24-97	Atlanta-Ft Lauderdale-Atlanta	Y	Y	N	None
UFCW	8-6-97 to 8-7-97	Atlanta-Daytona Beach-Atlanta	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Board of Directors	Commission on Presidential Debates
Board of Directors	The Faith and Politics Institute
Board of Advisors	Democrats 2000
Board of Trustees	Stennis Center for Public Service

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement

RECEIVED

98 MAY 15 AM 9:39

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only) (5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Ronald Edward Lewis
(Full Name)

133 Joy-K-Lynn Street
(Mailing Address)

Cecilia KY 42724

Daytime Telephone: 202-225-3501

Filer Status	[X] Member of the U.S. House of Representatives	State: KY District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 5-14-98

2217

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute	Address to Washington Working Group	Oct. 28, 1997	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:*	SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Duplex Apartment; Mockingbird Dr.; Radcliff, Kentucky	$50,001 - $100,000	Rent	$2,501 - $5,000	NA
SP	Lord Abbett Affiliated (Mutual Fund)	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	NA
SP	Lord Abbett Bond (Mutual Fund)	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	NA
SP	Oppenheimer Discovery Fund (Mutual Fund)	$50,001 - $100,000	Capital Gains	$1,001 - $2,500	NA
SP	Oppenheimer Champion Income (Mutual Fund)	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	NA
SP	Templeton Developing Markets (Mutual Fund)	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Federal Home Loan Mortgage Corp. Bonds	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	VKM America CAP Dow 10 (Unit Trust)	$15,001 - $50,000	Capital Gains	$201 - $1,000	NA
SP	VKMAC Strategic 10 (Unit Trust)	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	NA
SP	Alliance Money Fund	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Alpha Christian Bookstore; Elizabethtown, Kentucky	$100,001 - $250,000	Proceeds From Sale (Received $41,000 at time of sale in 1994. Purchase Agreement provides for three additional payments of $25,000 each on January of 1995, 1996, and 1997.)	$15,001 - $50,000	NA

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	First Federal Savings Bank; Elizabethtown, Kentucky	Mortgage on Rental Property; Mockingbird Drive; Radcliff, Kentucky	$50,001 - $100,000

22'22 RECEIVED

98 JAN -5 AM 9:55

RECEIVED

97 DEC 31 PM 12:38

RON LEWIS
SECOND DISTRICT KENTUCKY

AGRICULTURE COMMITTEE
SUBCOMMITTEES
FORESTRY, RESOURCE CONSERVATION, AND RESEARCH
RISK MANAGEMENT AND SPECIALTY CROPS
LIVESTOCK, DAIRY AND POULTRY

NATIONAL SECURITY COMMITTEE
SUBCOMMITTEES
MILITARY PERSONNEL
MILITARY PROCUREMENT
VICE CHAIRMAN

FAMILY CAUCUS
CHAIRMAN

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
229 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225 3501

DISTRICT OFFICES
312 NORTH MULBERRY STREET
ELIZABETHTOWN, KENTUCKY 42701
502-765 4380

FEDERAL BUILDING
ROOM B-10
341 EAST MAIN STREET
BOWLING GREEN, KENTUCKY 42101
502-847-0896

FEDERAL BUILDING
ROOM B-13
423 FREDERICA STREET
OWENSBORO, KENTUCKY 42303
502 685 8958
TOLL FREE 1-800 367 8676

December 1, 1997

HAND DELIVERED

(2)

HC

The Honorable James V. Hansen
Chairman
Committee on Standards of Official Conduct
HT-2, The Capitol
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

In the course of reviewing my financial records for calendar year 1996, I have become aware that in 1995 my wife's qualified Employee Stock Ownership Plan (ESOP) held for retirement, converted to a self-directed plan. This conversion took place in May of 1995, at which time all of the funds listed below were purchased.

On December 31, 1995, the retirement account contained the following assets:

ASSET	VALUE	TYPE OF INCOME	AMOUNT OF INCOME	TRANS.
Lord Abbett Affiliated (Mutual Fund)	$1,000 - $15,000	Dividends	*	P
Lord Abbett Bond (Mutual Fund)	$1,000 - $15,000	Dividends	*	P
Oppenheimer Main Street Income and Growth Fund (Mutual Fund)	$50,000 - $100,000	Capital Gains	*	P
Oppenheimer Champion Income (Mutual Fund)	$1,000 - $15,000	Dividends	*	P
Templeton Developing Markets (Mutual Fund)	$1,000 - $15,000	Capital Gains and Dividends	*	P

Federal Home Loan Mortgage Corp. Bonds	$15,000 - $50,000	Interest	*	P
VKM America CAP Dow 10 (Unit Trust)	$1,000 - $15,000	Capital Gains	*	P
VKMAC Strategic 10 (Unit Trust)	$1,000 - $15,000	Capital Gains	*	P

Please note that because of incomplete reporting by the trustee of the funds, the end of the year statement does not itemize income for each fund individually. The total income for the entire portfolio, however, is reported as between $2,501 and $5,000.

Please feel free to contact me should you need further information about these assets.

Thank you for your consideration.

Sincerely,

RON LEWIS

RECEIVED
DOCUMENT MANAGEMENT CENTER

98 MAY 12 PM 2:58

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE

MC

(6)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

John Linder
(Full Name)

Post Office Box 942208
(Mailing Address)

Atlanta GA 31141

Daytime Telephone: 202-225-4272

Filer Status [X] Member of the U.S. House of Representatives — State: GA District: 11 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL John Linder

DATE (Month/Day/Year) 5-11-98

2224

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
Republican Lawyers Association	Speech	Feb. 6, 1997	$50.00
National Association Independent Insurers	Speech	March 5, 1997	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Note From Sale Linder Financial Corporation	$500,001 - $1,000,000	Capital Gains	$50,001 - $100,000	
	Grayling Industries, Inc.	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	
	Professional Funding Corporation	$100,001 - $250,000	Capital Gains	$5,001 - $15,000	
	Profit Sharing Trust (Charles Schwab) *1	$1,000,001 - $5,000,000	None	None	
SP	Profit Sharing Trust (Charles Schwab) *2	$250,001 - $500,000	None	None	
JT	Roberts Realty R.E.I.T *3	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Cedarwild Resort	$250,001 - $500,000	Rent	$50,001 - $100,000	

2226

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	State of Georgia Retirement	$1,001 - $15,000	None	None	
	Note Receivable, ARCCOM Commercial Lending	$15,001 - $50,000	Interest	$1,001 - $2,500	
	ARCCOM Commercial Lending, Atlanta, GA	$1,001 - $15,000	None	None	
	Trademark Licensing, Atlanta, GA	$1 - $1,000	None	None	
JT	Money Market Fund	$100,001 - $250,000	None	None	
	(*1 & *2: In 1997 there were two IRAs reported. This year's increase in value of the PSTs is due to their being rolled over into the IRA and combined with the balance. They are invested in a collection of mutual funds: Dodge & Cox Stock Fund, Fidelity	None	None	None	
	Conv. Sec. Fund, Janus Fund, IAI Fund, Nichols Fund, Vanguard Special Health, Scwab Money Market and Selected American Shares.)	None	None	None	
	(*3: In 1997 there was reported Crestmark Limited Partnership. This was converted to stock R.E.I.T.)	None	None	None	

2227

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	National Cable Television Association	March 16-17	ATL-New Orleans-Washington, DC	Y	Y	N	None

22928

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	ARCCOM Commercial Lending, Inc., Atlanta, GA
Director	Trademark Licensing, Inc., Atlanta, GA

2230

JOHN LINDER
11TH DISTRICT GEORGIA

COMMITTEE ON RULES

RECEIVED
98 JUN -8 AM 11:01

Congress of the United States
House of Representatives
Washington, DC 20515-1004

INSIDE MAIL

1005 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1004
(202) 225-4272
FAX (202) 225-4696
EMAIL JLINDER@HR.HOUSE.GOV
HTTP://WWW.HOUSE.GOV/LINDER/

DISTRICT OFFICES:
220 COLLEGE AVENUE
SUITE 520
ATHENS, GA 30601
(706) 355-9809
FAX (706) 355-9868

3675 CRESTWOOD BOULEVARD
SUITE 530
DULUTH, GA 30136
(770) 931-9550
FAX (770) 931-2775

June 4, 1998

The Honorable Robin H. Carle
Clerk of the House of Representatives
H154 The Capitol
Washington, D.C. 20515

✓
MC (1)

Dear Robin,

On my 1997 Financial Disclosure Form, Schedule III, I listed a Money Market Fund as an Asset and/or Income Source. The Money Market Fund is with SunTrust Bank, located in Atlanta, Georgia. The transaction was a purchase.

Thank you for your assistance with this matter. Please contact me if you have any additional questions.

Sincerely,

John Linder
Member of Congress

JL:gg

49-737

RECEIVED
98 JUN -8 AM 8:51

PRINTED ON RECYCLED PAPER

RECEIVED

98 MAY 15 PM 4:53

HAND DELIVERED

(Office Use Only) (6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

(Full Name) William Oliver Lipinski

(Mailing Address) 1501 Longworth House Office Building
Washington, D.C. 20515

(Daytime Telephone) (202) 225-5701

Filer Status [X] Member of the U.S. House of Representatives — State: Illinois District: 03 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William Lipinski

DATE (Month/Day/Year) May 15, 1998

2231

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Rosemarie Partners	salary	$3,600
	23rd Ward Committeeman	salary	$7,000

For payments to charity in lieu of honoraria, use Schedule II.

2232

Name: William O. Lipinski

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	Rosemarie Partners Bldg.							X							X											X						
JT	Standard Federal S&L				X											X								X								
JT	Polish National Alliance		X													X						X										
JT	Archer Heights Credit Union Chicago Park District Retirement Fund				X															Pension	X											
SP	IRA Superior Bank				X											X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: William O. Lipinski

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	IRA Superior Bank				X											X							X									
	Keough Plan Standard Federal Savings				X															Retirement Plan	X											

This page may be copied if more space is required.

Name	Page ___ of
William O. Lipinski	5 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Association of RR	April 4-7	Chgo-Palm Beach,FL-Chgo	Y	Y	Y	N
	Burlington Northern Sante Fe	Dec.5-8	Chgo-Sante Fe, NM-Chgo	Y	Y	Y	N

This page may be copied if more space is required.

William O. Lipinski Name	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
23rd Ward Committeeman	23rd Ward Democratic Party Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 12 AM 10: 34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

HC **HAND DELIVERED**
(Office Use Only)

Robert L. Livingston
(Full Name)

2406 Rayburn HOB, Washington, D.C. 20515 (202) 225-3015
(Mailing Address) Daytime Telephone

Filer Status [X] Member of the U S House of Representatives — State Louisiana District 1 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/11/98

2237

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	None			

This page may be copied if more space is required.

2239

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
JT	2 personal homes (excluded - 2 mortgages) 3/4 acre Pointe Coupee, LA																															
SP	(wife's 1/5 mineral int. Raceland, Louisiana			X											X									X								
SP	(wife's 6 acres farmland				X										X									X								
SP	25 acres, Pt. Coupee, LA (wife's 1/4 ownership)			X																	X											

For additional assets and unearned income, use next page.

2240

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert L. Livingston

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Meager Means Investment Club			X												X	X					X										P, S
JT	W.P. Congressional Credit Union		X													X						X										E
SP	Banc One Corp, Common Stock			X										X								X										E
JT	Abacan Resources, Common Stock			X												N/A					X											P
SP	Exxon Common Stock			X										X								X										E
JT	Waters Parkerson-IRA																															
	-Abacan Resource Corp				X											Zero					X											P
	-Money Market		X													X						X										E
	-IMAGING SYSTEMS			X												ZERO					X											P

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Robert L. Livingston

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
JT	1/3 interest, Lot, Lacombe, LA		X		8/29/97	X									
JT	Rhea - Ratite		X		12/30/97	X									
JT	Condo Trust (3200LP) - Loan			X	12/15/97		Bankrupt								
JT	Abacan Resources Corp - Stock	X	X		4/3/97-12/11/97	X									
JT	Nat'l Registry Inc. - Stock	X	X		4/3/97-10/21/97	X									
JT	Imaging Systems - Stock	X	X		10/21/97-12/11/97	X									

This page may be copied if more space is required.

2242

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	W.P. Federal Credit Union	Revolving Account	X									
JT	2 home mortgages (excluded)		N/A									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	March7-9	Wash. D.C.- Hersey, PA - Wash. DC	Y	Y	Y	no
	Tulane University	April 11-13	Wash. DC - New Orleans - Wash DC	N	N	Y	no
	Congressional Economic Leadership Institute	Nov. 17-21	Wash, DC - Frankfurt- Paris - Wash, DC	Y	Y	Y	no

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Center for Democracy (Non-profit foreign policy institute)
Director	International Republican Institute (Non-profit foreign policy institute)
Regent	Smithsonian Institution

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

98 MAY 14 PM 1:40

(9)

(Office Use Only)

2246

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

FRANK A. LOBIONDO
(Full Name)

1754 WYNNEWOOD DRIVE
(Mailing Address)

VINELAND, NEW JERSEY 08360

Daytime Telephone (202) 225-6572

Filer Status [X] Member of the U.S. House of Representatives — State NEW JERSEY District 02 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL × Frank A. LoBiondo

DATE (Month/Day/Year) 5/12/98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	VINELAND BOARD OF EDUCATION	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
N/A			

This page may be copied if more space is required.

Name FRANK A. LoBIONDO

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP.	Examples: SP Mega Corp Stock					X								X										X								P
DC.	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	12 ACRES WOODED LAND UPPER DEERFIELD TWP., NJ					X															X											
	LoBIONDO BROS. MOTOR EXPRESS STOCK						X														X											
	SOUTHERN JERSEY BANCORP OF DEL. STK.						X							X											X							
	S & W PETROLEUM, INC. STOCK				X																X											
	NEW YORK LIFE INSURANCE POLICY			X												X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FRANK A. LoBIONDO

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	MINOTOLA NATIONAL BANK ACCOUNT	C	INTEREST	II	
	FARMERS & MERCHANTS NATL BANK	D		II	
	RESOURCES TRUST IRA CASH ACCOUNT	A	DIVIDENDS; INTEREST	IV	(1) BELOW
	FRANKLIN GROWTH CLASS I IRA	A	DIVIDENDS; CAPITAL GAINS	VI	(1) BELOW
	RAMCO GERSHENSON PROPERT. TR IRA	A	DIVIDENDS	II	(1) BELOW
	SUNAMERICA BLUECHIP CLASS A IRA	A	DIVIDENDS	IV	(1) BELOW
	SUNAMERICA BLUECHIP CLASS B IRA	A	DIVIDENDS	III	(1) BELOW
SP	MUTUAL OF AMERICA IRA	C	DIVIDENDS	II	
SP	COLLECTIVE BANK IRA ACCOUNT	C	INTEREST	II	
	LoBIONDO BROTHERS MOTOR EXPRESS 401(k) PROFIT SHARING PLAN-AMER FUNDS GROUP (invested in Washington Mutual Investors Fund; Self-Directed)	G	CAPITAL GAINS	VII	
	(1) Rolled over into LoBiondo Brothers Motor Express 401(k) Profit Sharing Plan				

This page may be copied if more space is required.

2250

SCHEDULE IV — TRANSACTIONS

Name FRANK A. LoBIONDO

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	THE AMERICAN FUNDS GROUP-WASHINGTON MUTUAL INVESTORS FUND (RETIREMENT PLAN ROLLOVER)	X			07-29-97		X								
	THE AMERICAN FUNDS GROUP-WASHINGTON MUTUAL INVESTORS FUND (RETIREMENT FUND EXCHANGE)			X	08-05-97		X								
	RESOURCES TRUST IRA CASH ACCOUNT		X		12-04-97	X									
	FRANKLIN GROWTH CLASS I IRA		X		12-08-97	X									
	RAMCO-GERSHENSON PROPERTIES TR IRA		X		12-04-97	X									
	SUNAMERICA BLUECHIP CLASS A IRA		X		11-29-97	X									
	SUNAMERICA BLUECHIP CLASS B IRA		X		11-29-97	X									
	THE AMERICAN FUNDS GROUP-WASHINGTON MUTUAL INVESTORS FUND (IRA FUNDS ROLLOVER)	X			12-31-97		X								
	LoBIONDO BROTHERS MOTOR EXPRESS,INC./LIFE INSURANCE CO. OF VIRGINIA (PENSION INSURANCE)		X		07-29-97		X								

This page may be copied if more space is required.

2251

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

2252

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

This page may be copied if more space is required.

2253

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	VINELAND YOUNG MEN'S CHRISTIAN ASSOCIATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10-14-96	LoBIONDO BROTHERS MOTOR EXPRESS, INC.	CONTINUING INTEREST IN COMPANY 401(k)-PROFIT SHARING PLAN (SELF DIRECTED)

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

FRANK A. LoBIONDO
2nd District, New Jersey

Reply To:
☐ 222 Cannon House Office Building
Washington, DC 20515-3002
202-225-6572
FAX 202-225-3318

☐ 5914 Main Street
Mays Landing, NJ 08330
609-625-5000
FAX 609-625-0071

1-800-471-4450

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 14 PM 1:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Committees:
Transportation and Infrastructure
Subcommittees:
Coast Guard and Maritime Transportation
Vice Chairman
Water Resources and Environment
Small Business
Subcommittees:
Regulatory Reform and Paperwork Reduction
Empowerment

Congress of the United States
House of Representatives
Washington, DC 20515–3002

May 13, 1998

The Honorable James Hansen
Chairman, Committee on Standards of Official Conduct
HT-2, The Capitol
Washington, D.C. 20515

Dear Chairman Hansen:

In reviewing my financial disclosure statement for the calendar year 1997, I noticed that under Schedule VIII I must report that I am a trustee of the Vineland Young Men's Christian Association. I have so indicated on the form.

However, on previous forms filed, I did not indicate my position as either trustee or director. I have served in this capacity since 1974; Director 1974-1994 and Trustee from 1995-1997, both of which are unpaid positions.

Thank you for your attention to this matter.

Sincerely,

Frank A. LoBiondo
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 2:00

HAND DELIVERED

(Office Use Only)

8

Zoe Lofgren
(Full Name)

105 South 14th Street
(Mailing Address)

San Jose, CA 95112

Daytime Telephone 202-225-3072

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 16	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 5/14/98

2256

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	John Marshall Collins, PC	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	E, S, P
SP	Mega Corp Stock					X								X									X									P
DC,	Examples: Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Bank of America -sav.		XX													XX						X										
	First Interstate Deferred Compensation Account - CDs						XX									XX									X							
SP	Charles Schwab - IRA Money Market Fund				XX											XX							X									
	John Marshall Collins, PC - stock							XX						XX							X											
	Penn Mutual Life Ins.			XX												XX							X									
SP	Naglee Mansion Assoc.						XX							net income distrib.							X											

For additional assets and unearned income, use next page.

2258

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Zoe Lofgren

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	John Marshall Collins,																															
	profit sharing plan:																															
	Charles Schwab, MMFund							XX								XX											X					
	TCBY Enterprises			XX										X							XX											P
	Wendy's			XX										X							XX											P
SP	Comerica Bank - cking				XX									no-int.acct							XX											
	Bank of Amer., cking			XX												XX						XX										
	CA Pub Empl Ret System						XX									XX										X						
DC	Van Kampen American				XX									X								XX										
DC	Alliance Growth Fund B				XX									X								XX										
DC	Morgan Stanley Value C			XX										X								XX										P
DC	Smith Barney MMFunds		XX													XX						XX										
	Charles Schwab MMFund					XX										XX									XX							
	Greater Bay Bancorp						XX							X									XX									
	609 Riverview, Capitola							XX							XX												X					
	Charles Schwab IRA:						XX									XX										X						
	Acuson Corp. stock			XX										X							X											P
	Hearx Ltd. stock			XX										X							X											P
	Mondavi Winery stock			XX										X							X											P
	Piedmont Natural Gas st			XX										X							X											P

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Zoe Lofgren

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
SP	Acuson Corp. stock	X			11-25-97	X									
SP	Hearx Ltd. stock	X			11-25-97	X									
SP	Mondovi Winery stock	X			11-03-97	X									
SP	Piedmont Natural Gas stock	X			11-25-97	X									
SP	TCBY Enterprises stock	X			12-23-97	X									
SP	Wendy's stock	X			12-01-97	X									
DC	Morgan Stanley Value C	X			9-16-97	X									

This page may be copied if more space is required.

2260

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	Fidelity Fed Sav & Loan	mtg on 95-99 S. 14th, SJ					X					
SP	San Jose Redevelopment Agency	mtg on 95-99 S. 14th, SJ				X						
	Home Savings	mtg on 609 Riverview, Capitola					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
mother	Lofgren-Collins Household
Member	University of Santa Clara Law School Board of Visitors
Co-Chair	Housing Leadership Advisory Council

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	California Public Employee Retirement System (through County of Santa Clara,CA)	continuing membership (vested) - no continuing contributions by employer or employee
	First Interstate Bank (through through County of Santa Clara,CA)	savings plan - no continuing contributions by employer or employee

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

2262

Name Zoe Lofgren

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Mar. 7-9	Wash.D.C.-Hershey, PA-Wash. D.C.	Y	Y	Y	N

This page may be copied if more space is required.

98 MAY 14 PM 12:56

HAND DELIVERED

MC (Office Use Only)

(30)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

NITA M. LOWEY
(Full Name)

105 Beverly Road
(Mailing Address)

Rye, NY 10580

(914) 428-1707
Daytime Telephone

(202) 225-6506

Filer Status: [X] Member of the U S House of Representatives — State District: New York 18 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL — Nita M Lowey — DATE (Month/Day/Year) 5/14/98

2264

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D C	Speech	Feb 2, 1997	$2,000
XYZ Magazine	Article	Aug 13, 1997	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	SP Mega Corp. Stock					X								X																		P
DC	*Examples* Simon & Schuster			Indefinite																Royalties				X					X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	Citibank, N.A.			X												X							X									
JT	Chase Bank		X													X						X										
JT	Citibank Landmark Fund							X						X											X							
JT	U.S. Treasury Notes						X									X								X								
SP	Lowey Dannenberg Bemporad & Selinger, P.C.								X												NA											
SP	Lowey Dannenberg Bemporad & Selinger Profit Sharing									X											NA											

For additional assets and unearned income, use next page.

2267

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	IRA - The Kaufman Fund							X													NA											
	IRA - Smith Barney			X																	NA											
	US Gov't Thrift Svgs Plan			X																	NA											
SP	IRA - Tweedy Browne							X													NA											
	NYS Retirement Plan				X																NA											
	NYS Def. Comp. Plan			X																	NA											
JT	M.D. Sass Reenterprise Fnd							X									X										X					
JT	M.D. Sass Muni/Treasury Fd							X								X	X									X						
JT	M.D. Sass Symphony Fund							X								X	X									X						
SP	Ingalls & Snyder Value Pp.							X								X	X									X						
JT	EGS Partners							X						X			X										X					
SP	P. Oppenheimer Inv. Pp.							X						X			X									X						
SP	Oppenheimer-Spence Pp.						X							X			X							X								
JT	EM NY Properties Pp.	X																			NA											
	Bear Stearns Portfolio of NY Tax-Free Bonds (attchd)							X								X										X						
	Glickenhaus Portfolio of NY Tax-Free Bonds (attchd)						X									X										X						
JT	Lebenthal Portfolio of NY Tax-Free Bonds (attchd)								X					X												X						
JT	Lebenthal NY Muni Bond Fund					X								X										X								
SP	Wisdomtree Associates						X										X				X											P
SP	Santa Monica Partners						X										X									X						P
	Lowey Family Investment LLC						X										X				X											P
SP	Lowey Family Investment LLC						X										X				X											P

This page may be copied if more space is required

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	SP MUNI NY MNY MKT PORT CL A			X										X								X										
SP	AT&T*			X										X							X											
SP	Abbott Laboratories*			X										X							X											
SP	American Express *				X									X							X											
SP	American Greetings*				X									X							X											
SP	American Internat'l Gp.*				X									X							X											
SP	Amgen Inc.*			X										X							X											
SP	Baker Hughes*			X										X							X											P
SP	Bankamerica*			X										X							X											
SP	Bell Atlantic*							X						X							X											
SP	Chase Manhattan Bank* (formerly Chemical)			X										X							X											
SP	Colgate-Palmolive*				X									X							X											
SP	Corning, Inc.*			X										X							X											
SP	Data Broadcasting*				X									X							X											
SP	Discount Auto Parts*			X										X							X											P
SP	Eastman Kodak*			X										X							X											
SP	Fannie Mae*			X										X							X											P
SP	Fannie Mae*			X										X							X											
SP	GTE Corp.*					X								X							X											
SP	General Motors*					X								X							X											
SP	Gillette Co.*				X									X							X											P
SP	H. J. Heinz Co.*					X								X							X											

*Discretionary account at Smith Barney.

This page may be copied if more space is required.

BEAR STEARNS

Bear, Stearns & Co. Inc.
245 Park Avenue
New York, New York 10167
(212) 272-2000

CLEARED THROUGH ITS
WHOLLY OWNED SUBSIDIARY
BEAR, STEARNS SECURITIES CORP.
ONE METROTECH CENTER NORTH
BROOKLYN, NEW YORK 11201-3859
(212) 272-1000

Account	A.E.	Tax I.D.	Period Ending	Last Statement	Page
042-44287	039	017-30-2729	12/31/97	11/28/97	1 of 5

Your Account Executive	Telephone
GREENBERG,EDWARD J.	212-272-6553

NITA LOWEY
105 BEVERLY ROAD
RYE NY 10580-1902

723

Important Message

IF ANY INFORMATION REGARDING 1997 INTEREST, DIVIDENDS, MISCELLANEOUS INCOME, GROSS PROCEEDS OR ORIGINAL ISSUE DISCOUNT IS REQUIRED TO BE REPORTED TO THE IRS FOR THIS ACCOUNT, A CONSOLIDATED 1099 FORM WILL BE MAILED TO YOU BY FEBRUARY 02, 1998 OR 1042S BY MARCH 16, 1998.

Financial Summary

Market Value of Securities	Long	Short
Equities	$0	$0
Units	0	0
Preferred Equities	0	0
Mutual Funds	52,388	0
Bonds	828,833	0
Options	0	0
Other	0	0
Security Totals	$881,221	$0

Total Value of Securities This Period	$881,221
Net Cash Balance	235
Accrued Interest	15,708
Short Accrued Interest	0
Net Equity This Period	$897,164
Net Equity Last Statement	$890,487

Cash Balance Summary

Cash Balances	Opening	Closing
Cash	$235.13	$235.12
Net Cash Balance	$235.13	$235.12

Income Summary

	This Period	Year to Date
Dividends	$2.09	$3.57
Other Dividends	233.03	2,819.46
Credit Balance Int.	0.00	27.77
Muni. Bond Int.	2,195.00	39,754.84
Corp. Bond Int.	0.00	37,500.00
Total Income	$2,430.12	$80,105.64
Bond Purchase Int	$0.00	$146.94-

Bonds With Maturity Dates Within 60 Days

Maturity Date	Quantity	Description	Interest Rate
01/01/98	35,000	NEW YORK,N Y CITY TRAN AUTH	6.900%

These bonds will also appear in your Portfolio Positions Section.

Transactions Settling This Period

Date Mo/Day	Account Type	Transaction Type/Quantity	Description	Price/Rate	Amount Debit	Amount Credit
Dividends And Interest						
12/01	CASH	INTEREST	WESTCHESTER CO N Y DUE 12/01/2001 7.100 REG INT ON 10000 BND REC 11/14/97 PAY 12/01/97			355.00

PLEASE REPORT ANY DIFFERENCE OR NON-RECEIPT OF CHECKS OR STOCKS INDICATED AS DELIVERED TO YOU TO CLIENT SERVICES AT 800-634-1428; OR WRITE TO CLIENT SERVICES AT BEAR, STEARNS SECURITIES CORP. ONE METROTECH CENTER NORTH, BROOKLYN, N.Y. 11201-3859

BEAR STEARNS

Bear, Stearns & Co. Inc.
245 Park Avenue
New York, New York 10167
(212) 272-2000

CLEARED THROUGH ITS
WHOLLY OWNED SUBSIDIARY
BEAR, STEARNS SECURITIES CORP.
ONE METROTECH CENTER NORTH
BROOKLYN, NEW YORK 11201-3859
(212) 272-1000

Account	A.E.	Tax I.D.	Period Ending	Last Statement	Page
042-44287	039	017-30-2729	12/31/97	11/28/97	2 of 5

NITA LOWEY

Transactions Settling This Period

Date Mo/Day	Account Type	Transaction Type/Quantity		Description	Price/Rate	Amount Debit	Amount Credit
Dividends And Interest							
12/15	CASH	INTEREST		HARRISON N Y G/O BSNK QUALIFIED DUE 06/15/2004 5 400 REG INT ON 50000 BND REC 11/28/97 PAY 12/15/97			1,350.00
12/15	CASH	INTEREST		NEW YORK CITY MUN WTR FIN AUTH WTR & SWR SYS REV SER A DUE 06/15/2002 4 900 REG INT ON 20000 BND REC 12/01/97 PAY 12/15/97			490.00
12/31	CASH	CAP GAIN		BLACKROCK NEW YORK INSURED MUNICIPAL 2008 TERM TRUST INC L/T CAP GNS 3300 SHS REC 12/15/97 PAY 12/31/97	.0006		2.09
12/31	CASH	DIVIDEND		BLACKROCK NEW YORK INSURED MUNICIPAL 2008 TERM TRUST INC CASH DIV ON 3300 SHS REC 12/15/97 PAY 12/31/97	.0706		233.03
Funds Received And Issued							
12/04	CASH	FND WIRED		IDA# MB279696 FUND WIRED TO 820121004044 INVESTORS FID TR CO		590.13	
12/19	CASH	FND WIRED		IDA# MB288050 FUND WIRED TO 820121004044 INVESTORS FIDUCIARY TR CO		1,840.00	
Miscellaneous							
12/23	CASH	EXCHANGE	25,000	NEW YORK ST PWR AUTH REV & GEN PURP REF-SER CC 4 250 DUE 01/01/00 NONREFUNDED 01/01/00			
12/23	CASH	EXCHANGE	-25,000	NEW YORK STATE PWR AUTH REV & GEN PURP SER CC REF 4 250 DUE 01/01/00 NONREFUNDED 01/01/00			

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Income Rate	Estimated Annual Income Amount
Mutual Funds							
CASH	3,300	BLACKROCK NEW YORK INSURED MUNICIPAL 2008 TERM TRUST INC	BLN	15.875	52,388	.847	2,79[illegible]

BEAR STEARNS

Bear, Stearns & Co. Inc.
245 Park Avenue
New York, New York 10167
(212) 272-2000

CLEARED THROUGH ITS
WHOLLY OWNED SUBSIDIARY
BEAR, STEARNS SECURITIES CORP.
ONE METROTECH CENTER NORTH
BROOKLYN, NEW YORK 11201-3859
(212) 272-1000

Account	A.E.	Tax I.D.	Period Ending	Last Statement	Page
042-44287	039	017-30-2729	12/31/97	11/28/97	3 of 5

NITA LOWEY

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Income Rate	Amount
Municipal Bonds							
CASH	35,000	NEW YORK N Y CITY TRAN AUTH FACS REV LIVINGSTON PLAZA PROJ DATED DATE 08/01/90 FSA INSURED DUE 01/01/1998 6.900% JJ 01 RATING MOODY AAA S+P AAA	649715AF6	100.000 Accr Int.	35,000 1,208	6.900%	2,415
CASH	150,000	NEW YORK N Y CITY TRAN AU TRAN FACS RV REF LIVINGSTON PLZ PJ DATED DATE 07/01/93 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT FSA INSURED DUE 01/01/2000 4.400% JJ 01 RATING MOODY AAA S+P AAA	649715BA6	100.723 Accr Int.	151,085 3,300	4.400%	6,600
CASH	25,000	NEW YORK ST PWR AUTH REV & GEN PURP REF-SER CC DATED DATE 06/15/93 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT DUE 01/01/2000 4.250% JJ 01 RATING MOODY AA S+P AA-	649892J31	100.441 Accr Int.	25,110 531	4.250%	1,062
CASH	35,000	NEW YORK STATE DORM AUTH REVS INSD SKIDMORE COLLEGE DATED DATE 06/15/93 FSA INSURED DUE 07/01/2000 4.400% JJ 01 RATING MOODY AAA S+P AAA	649834LB2	101.014 Accr Int.	35,355 770	4.400%	1,540
CASH	25,000	NASSAU CO N Y GEN IMP G/O JER X DATED DATE 11/01/85 MBIA INSURED DUE 11/01/2000 8.000% MN 01 RATING MOODY AAA S+P AAA	631654PZ7	110.521 Accr Int	27,630 333	8.000%	2,000
CASH	75,000	NEW YORK STATE DORM AUTH REVS INSD SKIDMORE COLLEGE DATED DATE 06/15/93 FSA INSURED DUE 07/01/2001 4.500% JJ 01 RATING MOODY AAA S+P AAA	649834LC0	101.585 Accr Int.	76,189 1,688	4.500%	3,375
CASH	10,000	WESTCHESTER CO N Y DATED DATE 12/01/85 DUE 12/01/2001 7.100% JD 01 RATING MOODY AAA S+P AAA	957365SV2	111.392 Accr Int.	11,139 59	7.100%	710
CASH	20,000	NEW YORK CITY MUN WTR FIN AUTH WTR & SWR SYS REV SER A DATED DATE 08/16/95 BOOK ENTRY ONLY DUE 06/15/2002 4.900% JD 15 RATING MOODY A2 S+P A-	649706X78	102.489 Accr Int.	20,498 44	4.900%	980
CASH	20,000	MUNICIPAL ASSISTANCE CORP NEW YORK CITY N Y SER E DATED DATE 04/01/96 BOOK ENTRY ONLY DUE 07/01/2002 4.700% JJ 01 RATING MOODY AA2 S+P A+	626190G30	102.319 Accr Int	20,464 470	4.700%	940

BEAR STEARNS

Bear, Stearns & Co. Inc.
245 Park Avenue
New York, New York 10167
(212) 272-2000

CLEARED THROUGH ITS
WHOLLY OWNED SUBSIDIARY
BEAR, STEARNS SECURITIES CORP.
ONE METROTECH CENTER NORTH
BROOKLYN, NEW YORK 11201-3859
(212) 272-1000

Account	A.E.	Tax I.D.	Period Ending	Last Statement	Page
042-44287	039	017-30-2729	12/31/97	11/28/97	4 of 5

NITA LOWEY

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Income Rate	Amount
Municipal Bonds							
CASH	25,000	NEW YORK STATE LOCAL GOVT ASSISTANCE CORP RFDG SER B DATED DATE 03/15/93 BOOK ENTRY ONLY DUE 04/01/2003 5.100% AO 01 RATING: MOODY A3 S+P A+	649876HA0	103.717 Accr Int.	25,929 319	5.100%	1,275
CASH	30,000	NEW YORK ST MED CARE F/F AGY ST LUKES-ROOSEVELT HSP FHA MTG REV-A DATED DATE 07/01/93 BOOK ENTRY ONLY DUE 02/15/2004 4.900% FA 15 CALL 08/15/03 102.000 RATING: MOODY AA2 S+P AAA	64988JDD9	102.276 Accr Int.	30,683 555	4.900%	1,470
CASH	50,000	HARRISON N Y G/O BSNK QUALIFIED DATED DATE 06/15/92 BOOK ENTRY ONLY DUE 06/15/2004 5.400% JD 15 RATING: MOODY AA1	415360RA6	106.728 Accr Int.	53,364 120	5.400%	2,700
CASH	25,000	NEW YORK STATE G/O DATED DATE 02/01/92 BOOK ENTRY ONLY PAR CALL 02/01/2004 DUE 02/01/2005 6.750% FA 01 CALL 02/01/02 102.000 RATING: MOODY A2 S+P A	649785Y71	111.121 Accr Int.	27,780 703	6.750%	1,688
CASH	50,000	NEW YORK ST LOC GOVT ASSISTNCE CORP RFDG SER C DATED DATE 07/01/93 BOOK ENTRY ONLY DUE 04/01/2005 5.100% AO 01 CALL 04/01/03 102.000 RATING: MOODY A3 S+P A+	649876JA8	104.078 Accr Int.	52,039 638	5.100%	2,550
CASH	25,000	NEW YORK CITY G/O RFDG SER A DATED DATE 07/28/94 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT DUE 08/01/2005 6.000% FA 01 CALL 08/01/04 101.500 RATING: MOODY BAA1 S+P BBB+	649653NV0	107.943 Accr Int.	26,986 625	6.000%	1,500
CASH	30,000	NEW YORK CITY G/O SER-H DATED DATE 01/28/97 BOOK ENTRY ONLY AMBAC INSURED DUE 08/01/2005 5.000% FA 01 RATING: MOODY AAA S+P AAA	649665V60	103.556 Accr Int.	31,067 625	5.000%	1,500
CASH	50,000	NEW YORK STATE LOCAL GOVT ASSISTANCE CORP SER C DATED DATE 12/01/92 BOOK ENTRY ONLY DUE 04/01/2006 6.000% AO 01 PRE-REFUNDED 04/01/02 @ 102.00 RATING: MOODY A3 S+P A+	649876GN3	108.567 Accr Int.	54,284 750	6.000%	3,000

BEAR STEARNS

Bear, Stearns & Co. Inc.
245 Park Avenue
New York, New York 10167
(212) 272-2000

CLEARED THROUGH ITS
WHOLLY OWNED SUBSIDIARY
BEAR, STEARNS SECURITIES CORP.
ONE METROTECH CENTER NORTH
BROOKLYN, NEW YORK 11201-3859
(212) 272-1000

Account	A.E.	Tax I.D.	Period Ending	Last Statement	Page
042-44287	039	017-30-2729	12/31/97	11/28/97	5 of 5

NITA LOWEY

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Income Rate	Amount
Municipal Bonds							
CASH	25,000	NEW YORK ST DORM AUTH REVS ST JOHNS UNIV DATED DATE 10/15/96 BOOK ENTRY ONLY MBIA INSURED DUE 07/01/2006 4.900% JJ 01 RATING: MOODY AAA S+P AAA	649836NP4	103.658 Accr Int.	25,915 613	4.900%	1,225
CASH	50,000	NEW YORK N Y G/O SER A DATED DATE 07/15/97 FIRST COUPON 02/01/1998 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT FGIC INSURED DUE 08/01/2006 4.600% FA 01 RATING: MOODY AAA S+P AAA	649667JU7	100.759 Accr Int.	50,380 1,061	4.600%	2,300
CASH	30,000	PUERTO RICO ELEC PWR AUTH PWR REV SER-X DATED DATE 08/15/95 BOOK ENTRY ONLY MBIA INSURED DUE 07/01/2007 5.200% JJ 01 RATING: MOODY AAA S+P AAA	745258TM4	105.197 Accr Int	31,859 780	5.200%	1,560
CASH	15,000	METROPOLITAN TSPTN AUTH N Y EXCESS LOSS FD SPL OBLIG BDS DATED DATE 12/01/89 PAR CALL 01/01/2002 MBIA INSURED DUE 01/01/2006 6.875% JJ 01 CALL 01/01/00 102.000 RATING: MOODY AAA S+P AAA	59250CAQ7	107.181 Accr Int.	16,077 516	6.875%	1,031
		Market Value - Municipal Bonds			828,833		41,422
		******** Your Priced Securities Value ********			881,221		44,217
		Total Accrued Interest			15,708		

There are no "Stop Loss" orders or other pending buy or sell open orders on file for your account.

**** End of Statement ****

GLICKENHAUS & CO.

Six East 43rd Street
New York, NY 10017-4641
(212) 953-7800

Clearance Agent.
Neuberger&Berman,LLC
605 Third Avenue
New York, NY 10158-3698

For the period 11/29/97 to 12/31/97

ACCOUNT IDENTIFICATION	TAX IDENTIFICATION
065-51621 676	122-24-7677

STEPHEN LOWEY
NITA M LOWEY JT/TEN
105 BEVERLY ROAD
RYE NY 10580-1902

NET EQUITY	OPENING BALANCE	CLOSING BALANCE
Cash	7,434 25	7,478.07
Debt Instruments		307,917
Accrued Int Long		5,722
TOTAL VALUE OF ACCOUNT		321,117

TAX SUMMARY	THIS MONTH	YEAR TO DATE
Non Taxable Muni Int	.00	15,750.00
Interest Credit	43.82	1,281.55
Accrued Int Purchased	00	-42 53

TRANSACTIONS SETTLED THIS MONTH

	DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
DIVIDENDS & INTEREST	12/22/97	INTEREST		INTEREST ON CREDIT BALANCE FROM 11/21/1997 TO 12/20/1997 AT 5.3000% AVBAL 7,434		32.83
	12/31/97	INTEREST		INTEREST ON CREDIT BALANCE FROM 12/21/1997 TO 12/30/1997 AT 5.3000% AVBAL 7,464		10.99

SECURITY POSITIONS IN YOUR ACCOUNT

	QUANTITY	DESCRIPTION	PRICE	MARKET VALUE
DEBT INSTRUMENTS	35,000	NEW YORK ST THRUWAY AUTH LOCAL HIGHWAY & BRIDGE SVC CONTRACT BDS DATED DATE 09/01/97 FIRST COUPON 04/01/1998 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT DUE 04/01/2000 4.375% AO 01	100.3600	35,126
	120,000	NEW YORK STATE LOCAL GOVT ASSTNCE CORP SER C DATED DATE 12/01/92 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT DUE 04/01/2018 6.250% AO 01	109.3400	131,208
	100,000	NEW YORK ST MED CARE FACS FIN AGY REV MTG PJ SER B DATED DATE 09/01/94 BOOK ENTRY ONLY PAR CALL 08/15/2006 DUE 08/15/2014 6.450% FA 15 CALL 08/15/04 102.000	108.5800	108,580
	30,000	METROPOLITAN TRANSN AUTH N Y SER A COMMUTER FACS REV DATED DATE 07/01/94 BOOK ENTRY ONLY MBIA INSURED DUE 07/01/2010 6.000% JJ 01	110.0100	33,003
		TOTAL DEBT INSTRUMENTS		307,917

A copy of the Glickenhaus & Co. Form ADV Part II, which is on file with the SEC, is available to its investment advisory clients upon written request.

LEBENTHAL 120 Broadway
New York, NY 10271-0005
(212) 426-6116

YOUR BROKERAGE ACCOUNT STATEMENT

Statement Period: November 29, 1997 through: December 31, 1997
Account Number: 4ED-795825
Soc. Sec. Number: 122-24-7677
Phone Number: (914) 967-7742

Statement for the account of:

STEPHEN LOWEY AND
NITA M. LOWEY JTWROS
105 BEVERLY ROAD
RYE NY 10580-1902

Your Account Executive:

James A. Lebenthal
Lebenthal & Co., Inc
120 Broadway 12th FL.
New York NY 10271-0005
(212) 748-5555
ID : 243

ASSET VALUATION

	This Period Value	This Period % of Assets	Last Period Value	Last Period % of Assets
Money Market Funds	19,251.23	1.21	17,976.23	1.15
Municipal Bonds	1,283,733.00	80.42	1,267,637.75	81.15
Mutual Funds	278,375.76	17.44	275,261.53	17.62
Total Brokerage Account Assets	**$1,581,359.99**	**99.07**	**$1,560,875.51**	**99.92**
Income/Securities Not Yet Received	14,861.10	.93	1,275.00	.08
Total Assets	**$1,596,221.09**	**100.00**	**$1,562,150.51**	**100.00**

ACTIVITY SUMMARY

	Debits	Credits
Opening Balance		$.00
Sec. Withdrawals/Deposits	2,247.56-	1,123.78
Dividends and Interest	1,123.78-	3,522.56
Money Market Funds	1,275.00-	.00
Closing Balance		$.00

MESSAGES

PLEASE NOTE, IF YOU OWNED SHARES OF ANY MONEY MARKET MUTUAL FUND(S) LINKED TO YOUR BROKERAGE ACCOUNT IN 1997, DIVIDENDS EARNED ON THESE FUNDS IN THE MONTH OF DECEMBER 1997 MAY NOT BE REFLECTED ON THIS STATEMENT. THESE DIVIDENDS WILL BE POSTED ON YOUR JANUARY 1998 STATEMENT. SINCE THE FUND MANAGER IS REQUIRED TO REPORT TO THE IRS THE TOTAL DIVIDENDS EARNED ON YOUR MONEY FUND SHARES DURING 1997, YOU SHOULD RECEIVE A 1099-DIV DIRECTLY FROM THE FUND MANAGER. DIVIDENDS EARNED IN A RETIREMENT ACCOUNT ARE TAX-DEFERRED AND A 1099-DIV WILL NOT BE ISSUED.

A REMINDER: AS OF JULY 7, 1997, OUR STOCK COMMISSIONS HAVE CHANGED. THE EXCITING NEWS IS THAT WE CAN NOW PROVIDE YOU WITH ADVICE, RESEARCH AND RECOMMENDATIONS ON YOUR EQUITY INVESTMENTS. PLEASE CALL YOUR

Clearing through **Pershing** Division of Donaldson, Lufkin & Jenrette Securities Corporation One Pershing Plaza, Jersey City, N.J. 07399 R000000010 YOUR ACCOUNT IS PROTECTED UP TO $75,000,000. SEE FOLLOWING PAGE(S) FOR IMPORTANT INFORMATION.

2276

MESSAGES *(continued)*

LEBENTHAL REPRESENTATIVE FOR MORE INFORMATION.

WE ARE PLEASED TO ANNOUNCE THAT THE EQUITY AND CLOSED-END FUND DIVIDEND REINVESTMENT PROGRAM NOW INCLUDES THE ABILITY TO PURCHASE FRACTIONAL SHARES. IF YOU ARE CURRENTLY ENROLLED IN THE DIVIDEND REINVESTMENT PROGRAM, BEGINNING IN MARCH 1998, YOUR DIVIDENDS FOR EQUITIES AND CLOSED-END FUNDS WILL BEGIN TO BE REINVESTED IN FULL AND FRACTIONAL SHARES OF THE SAME UNDERLYING POSITION FOR A NOMINAL FEE OF $1 PER POSITION, PER EVENT. THE FEE WILL BE DEDUCTED FROM THE DIVIDEND THAT IS TO BE REINVESTED. A MINIMUM DIVIDEND OF $3.00 IS REQUIRED TO BE REINVESTED AFTER THE $1.00 CHARGE HAS BEEN DEDUCTED FROM THE DIVIDEND. HOWEVER, THE PROGRAM IS FREE FOR PROCASH PLUS(TM) ACCOUNTS, RETIREMENT ACCOUNTS FOR WHICH DONALDSON, LUFKIN & JENRETTE SECURITIES CORPORATION (DLJSC) IS THE CUSTODIAN, AND PEAK(TM) ACCOUNTS. YOUR PARTICIPATION IN THIS PROGRAM IS VOLUNTARY. SHOULD YOU CHOOSE TO WITHDRAW COMPLETELY, OR SELECTIVELY, FROM THE PROGRAM, OR IF YOU ARE INTERESTED IN ENROLLING IN THE PROGRAM, PLEASE CONTACT YOUR INVESTMENT PROFESSIONAL OR LEBENTHAL & COMPANY, INC.

TRANSACTIONS BY TYPE OF ACTIVITY

Withdrawals and Deposit of Securities

Process Date	Transaction Date	Activity Type	Description	Quantity	Debit Amount	Credit Amount
12/12/97		REINVEST CASH INCOME	LEBENTHAL NEW YORK MUNICIPAL BOND FUND SHRS PURCH. AT $8.34000 FOR ACCRUAL PERIOD ENDING 12/10/97	134.74600	1,123.78-	
12/15/97		REINVEST CASH INCOME	LEBENTHAL NEW YORK MUNICIPAL BOND FUND SHRS PURCH. AT $8.34000 FOR ACCRUAL PERIOD ENDING 12/10/97	134.74600	1,123.78-	
12/17/97		DIVIDEND REINVESTMENT ADJUSTMENT	LEBENTHAL NEW YORK MUNICIPAL BOND FUND SHRS PURCH. AT $8.34000 FOR ACCRUAL PERIOD ENDING 12/10/97	134.74600-		1,123.78
Total Withdrawals and Deposit of Securities					$2,247.56-	$1,123.78

Clearing Through Pershing Division of Donaldson, Lufkin & Jenrette Securities Corporation One Pershing Plaza Jersey City, N.J. 07399 000009019

2277

TRANSACTIONS BY TYPE OF ACTIVITY *(continued)*

Dividends and Interest

Process Date	Transaction Date	Activity Type	Description	Debit Amount	Credit Amount
12/12/97		NON-TAXABLE DISTRIBUTION RECEIVED	LEBENTHAL NEW YORK MUNICIPAL BOND FUND FOR ACCRUAL PERIOD ENDING 12/10/97		1,123.78
12/15/97		NON-TAXABLE DISTRIBUTION RECEIVED	LEBENTHAL NEW YORK MUNICIPAL BOND FUND FOR ACCRUAL PERIOD ENDING 12/10/97		1,123.78
12/15/97		BOND INTEREST RECEIVED	50000 NEW YORK ST ENVIRONMENTAL FACS CORP POLLUTN CTL REV ST WTR SER B LT 5.100% 12/15/08 B/E DTD 03/01/97 CLB RD 11/28 PD 12/15/97		1,275.00
12/17/97		NON-TAXABLE DISTRIBUTION ADJUSTMENT	LEBENTHAL NEW YORK MUNICIPAL BOND FUND FOR ACCRUAL PERIOD ENDING 12/10/97	1,123.78-	
Total Dividends and Interest				**$1,123.78-**	**$3,522.56**

Money Market Funds Activity

Process Date	Transaction Date	Activity Type	Description	Debit Amount	Credit Amount
12/16/97		MONEY FUND PURCHASE	ALLIANCE MUNI TR NY	1,275.00-	
Total Money Market Funds Activity				**$1,275.00-**	**$.00**

Total Value of all Transactions	**$4,646.34-**	**$4,646.34**

Clearing through Pershing Division of Donaldson, Lufkin & Jenrette Securities Corporation One Pershing Plaza Jersey City, N.J. 07399 1100009019

2278

PORTFOLIO HOLDINGS

Municipal Bonds *(in alphabetical sequence)*

Quantity	Description	Price/Factor	Market Value	Accrued Interest	Estimated Yield	Annual Income	Security ID	Account Type	Location
25,000	MUNICIPAL ASSISTANCE CORP FOR CITY NEW YORK N Y SER J 5.125% 07/01/05 H/E DTD 04/15/97 1ST CPN DTE 01/01/98 CPN PMT SEMI ANNUAL ON JAN 01 AND JUL 01 MOODY RATING AA2 S & P RATING AA-	105.177	26,294.25	911.11	4.870%	1,281.25	626190V33	CASH	
100,000	NASSAU COUNTY N.Y. SERIES N 6.125% 10/15/09 H/E DTD 10/29/92 PREREFUNDED 10/15/02 @ 103.000 AMBAC INSURED 1ST CPN DTE 04/15/93 CPN PMT SEMI ANNUAL ON APR 15 AND OCT 15 MOODY RATING AAA S & P RATING AAA	109.862	109,862.00	1,293.06	5.570%	6,125.00	6316544V9	CASH	
100,000	NEW YORK CITY SER A 6.000% 08/01/06 H/E DTD 07/11/96 1ST CPN DTE 02/01/97 CPN PMT SEMI ANNUAL ON FEB 01 AND AUG 01 MOODY RATING BAA1 S & P RATING BBB+	108.212	108,212.00	2,500.00	5.540%	6,000.00	649664ED6	CASH	
50,000	NEW YORK STATE CROSSOVER REFUNDING 5.800% 11/15/01 H/E DTD 07/15/92 CALLABLE 11/15/02 @ 101.000 1ST CPN DTE 11/15/92 CPN PMT SEMI ANNUAL ON MAY 15 AND NOV 15 MOODY RATING A2 S & P RATING A	107.387	53,693.50	370.56	5.400%	2,900.00	649785A8	CASH	
100,000	NEW YORK ST DORM AUTH REVS CITY UNIV 3RD GEN RES SER 2 6.400% 07/01/07 H/E DTD 11/15/94 CALLABLE 07/01/04 @ 102.000 CALLABLE 07/01/06 @ 100.000 MBIA INSURED 1ST CPN DTE 07/01/95 CPN PMT SEMI ANNUAL ON JAN 01 AND JUL 01 MOODY RATING AAA S & P RATING AAA	112.529	112,529.00	3,200.00	5.680%	6,400.00	6498346G8	CASH	

Clearing Through Pershing Division of Donaldson, Lufkin & Jenrette Securities Corporation One Pershing Plaza Jersey City, N.J. 07399 H0000P019

2279

PORTFOLIO HOLDINGS *(continued)*

Municipal Bonds *(in alphabetical sequence, continued)*

Quantity	Description	Price/Factor	Market Value	Accrued Interest	Estimated Yield	Annual Income	Security ID	Account Type	Location
50,000	NEW YORK ST ENVIRONMENTAL FACS CORP POLLUTN CTL REV ST WTR SER B LT 5.100% 12/15/08 B/E DTD 03/01/97 CALLABLE 12/15/07 @ 102.000 1ST CPN DTE 06/15/97 CPN PMT SEMI ANNUAL ON JUN 15 AND DEC 15 MOODY RATING AAA S & P RATING AAA	104.791	52,395.50	113.33	4.860%	2,550.00	649850Q72	CASH	
75,000	NEW YORK ST MED CARE FACS FIN AGY REV N Y DOWNTOWN HOSP SER A 6.500% 08/15/05 B/E DTD 03/01/95 CALLABLE 02/15/05 @ 102.000 1ST CPN DTE 08/15/95 CPN PMT SEMI ANNUAL ON FEB 15 AND AUG 15 MOODY RATING BAA S & P RATING BBB+	107.569	80,676.75	1,841.67	6.040%	4,875.00	64988KGG6	CASH	
250,000	N Y ST MED CARE FACS FIN AGY REV MENTAL HLTH SVCS FACS-SER D 5.400% 02/15/08 B/E DTD 07/01/95 CALLABLE 08/15/05 @ 102.000 CALLABLE 08/15/07 @ 100.000 MBIA INSURED 1ST CPN DTE 02/15/96 CPN PMT SEMI ANNUAL ON FEB 15 AND AUG 15 MOODY RATING AAA S & P RATING AAA	107.056	267,640.00	5,100.00	5.040%	13,500.00	64988KUA3	CASH	
150,000	NEW YORK ST URBAN DEV CORP REVENUES CORRECTIONAL CAPITAL FACILITIES SERIES 5 6.000% 01/01/09 B/E DTD 08/01/95 CALLABLE 01/01/05 @ 102.000 CALLABLE 01/01/07 @ 100.000 1ST CPN DTE 01/01/96 CPN PMT SEMI ANNUAL ON JAN 01 AND JUL 01 MOODY RATING BAA1 S & P RATING BBB+	109.692	164,538.00	4,500.00	5.460%	9,000.00	650033W90	CASH	
50,000	WESTCHESTER CNTY N Y LT 4.700% 11/15/04 B/E DTD 10/31/96 1ST CPN DTE 05/15/97 CPN PMT SEMI ANNUAL ON MAY 15 AND NOV 15 MOODY RATING AAA S & P RATING AAA	102.894	51,447.00	300.28	4.560%	2,350.00	957365Y29	CASH	

2280

PORTFOLIO HOLDINGS *(continued)*

Municipal Bonds *(in alphabetical sequence, continued)*

Quantity	Description	Price/Factor	Market Value	Accrued Interest	Estimated Yield	Annual Income	Security ID	Account Type	Location
250,000	WESTCHESTER CNTY N Y INDL DEV AGY RESOURCE RECOVERY REV SUBJ TO AMT 5.000% 07/01/05 B/E DTD 12/26/96 AMBAC INSURED 1ST CPN DTE 07/01/97 CPN PMT SEMI ANNUAL ON JAN 01 AND JUL 01 MOODY RATING AAA S & P RATING AAA	102.578	256,445.00	6,250.00	4.870%	12,500.00	957375BJ6	CASH	
Total Municipal Bonds			**$1,283,733.00**	**$26,380.01**		**$67,481.25**			

Mutual Funds

Quantity	Description	Price	Market Value	Div/Cap Gain Option	Estimated Yield	Annual Income	Security ID	Account Type	Location
33,219.06400	LEBENTHAL NEW YORK MUNICIPAL BOND FUND	8.380	278,375.76	REINVEST	4.890%	13,619.81	LENYX	CASH	
Total Mutual Funds			**$278,375.76**			**$13,619.81**			

	Market Value	Accrued Interest	Annual Income
Total -- All Securities	**$1,562,108.76**	**$26,380.01**	**$81,101.06**

Disclosures and Other Information

Pricing - Securities prices may vary from actual liquidation value. Prices shown should only be used as a general guide to portfolio value. Prices are received from various pricing services. However, pricing services are sometimes unable to provide timely information. Where pricing sources are not readily available, particularly on certain debt securities, estimated prices may be generated by a matrix system taking various factors into consideration. The pricing of listed options takes into account the last closing price, as well as the current bid and offer prices. Where securities have not been priced, such securities have not been included in the Asset Valuation information at the beginning of this statement.

Reinvestment - The dollar amount of Mutual Fund distributions, Money Market Fund income, or dividends on other securities shown on your statement may have been reinvested into additional shares. You will not receive confirmations for these reinvestment transactions. However, information pertaining to these transactions which would otherwise appear on confirmations, including the time of execution and the name of the person from whom your security was purchased, will be furnished to you upon written request to your introducing firm. In dividend reinvestment transactions, Pershing acts as your agent and receives payment for order flow, the source and nature of which payment will be furnished to you upon written request to your introducing firm.

Clearing through Pershing Division of Donaldson, Lufkin & Jenrette Securities Corporation One Pershing Plaza, Jersey City, N.J. 07399 H000P9019

2281

51

LEBENTHAL
120 Broadway
New York, NY 10271-0005
(212) 425-6116

YOUR BROKERAGE
ACCOUNT STATEMENT

MONEY MARKET FUND SUMMARY

Fund Name	Account Number	Activity Ending	Opening Balance	Closing Balance	Accrued Income	Income This Year	Current Yield	30-Day Yield
ALLIANCE MUNI TR NY PORT	0004940991	12/31/97	17,976.23	19,251.23	66.82	288.21	3.110	2.920
Total Money Market Fund Holdings			**$17,976.23**	**$19,251.23**	**$66.82**	**$288.21**		

MONEY MARKET FUND DETAIL

Alliance Muni Tr NY Port **Account Number : 0004940991** **Activity Ending : 12/31/97**

Date	Activity Type	Description	Debit Amount	Credit Amount	Share Balance
11/29/97	OPENING BALANCE				17,976.23
12/16/97	DEPOSIT	SHARES PURCHASED BY WIRE		1,275.00	19,251.23
12/31/97	CLOSING BALANCE				19,251.23
Total Closing Balance - All Money Market Funds					**$19,251.23**

DIVIDEND, INTEREST AND DISTRIBUTION SUMMARY

	This Period		This Year	
	Taxable	Non Taxable	Taxable	Non Taxable
Municipal Bond Interest	.00	1,275.00	.00	58,743.53
Mutual Fund Dividends - Current Year	.00	1,123.78	.00	13,466.42
Money Fund Income	.00	.00	.00	142.32
Total Dividends and Interest	**$.00**	**$2,398.78**	**$.00**	**$72,352.27**

Clearing through Pershing Division of Donaldson, Lufkin & Jenrette Securities Corporation One Pershing Plaza Jersey City, N.J. 07399
000009019

2282

5M

LEBENTHAL 120 Broadway
New York, NY 10271-0005
(212) 425-6110

YOUR BROKERAGE
ACCOUNT STATEMENT

INCOME/SECURITIES NOT YET RECEIVED

Cash Dividends, Interest and Distributions

Security	Type	Record Date	Payable Date	Quantity Held	Rate	Amount of Payment
MUNICIPAL ASSISTANCE CORP FOR CITY NEW YORK N Y SER J	INTEREST	12/17/97	01/01/98	25,000	.036444	911.10
NEW YORK ST DORM AUTH REVS CITY UNIV-3RD GEN RES-SER 2	INTEREST	12/15/97	01/01/98	100,000	.032000	3,200.00
NEW YORK ST URBAN DEV CORP REVENUES CORRECTIONAL CAPITAL	INTEREST	12/17/97	01/01/98	150,000	.030000	4,500.00
WESTCHESTER CNTY N Y INDL DEV AGY RESOURCE RECOVERY	INTEREST	12/15/97	01/01/98	250,000	.025000	6,250.00
Total Payment						**$14,861.10**
Total Value of Unpaid Items						**$14,861.10**

The above information has been obtained from sources we believe to be reliable. All items are subject to receipt. We make no representation as to accuracy or completeness

ACCRUED INTEREST SUMMARY *(Interest Paid and Received on Purchase and Sale of Fixed Income Securities)*

	Current Period		This Year	
	Taxable	*Non Taxable*	*Taxable*	*Non Taxable*
Municipal Bond Accrued Interest Paid	.00	.00	.00	3,578.89-
Total Accrued Interest Paid	**$.00**	**$.00**	**$.00**	**$3,578.89-**

Clearing through **Pershing** Division of Donaldson, Lufkin & Jenrette Securities Corporation
One Pershing Plaza Jersey City, N J 07399 1000009019

5N

TERMS AND CONDITIONS

GENERAL INFORMATION

1. All orders and transactions shall be solely for your account and risk shall be subject to the constitution, rules, regulations, customs, usages, rulings and interpretations of the exchange or market and the clearing facility if any, where the transactions are executed and/or settled or if applicable, of the National Association of Securities Dealers, Inc., and to all applicable laws and regulations
2. Whenever you are indebted to the Pershing Division of Donaldson, Lufkin & Jenrette Securities Corporation ("Pershing") for any amount, all securities held by it for you in any account in which you have any interest shall secure all your liabilities to Pershing, and Pershing may in its discretion at any time, without tender, demand or notice to you, close or reduce any or all of your accounts by public or private sale or purchase or both of all or any securities carried in such accounts, any balance remaining due Pershing to be promptly paid by you
3. Whenever you are indebted to Pershing for any amount, all securities carried for your account are or may be, without further notice to you, loaned or pledged by Pershing, either separately or under circumstances which will permit the commingling thereof, with other securities for any amount less than, equal to or greater than your liabilities to Pershing, but not under circumstances for an amount prohibited by law
4. Title to securities sold to you, where Pershing has acted as principal, shall remain with Pershing until the entire purchase price is received or until the settlement date, whichever is later
5. Any free credit balance carried for your account represents funds payable upon demand which, although properly accounted for on Pershing's books of record, are not segregated and may be used in the conduct of its business
6. You may have received confirmations for transactions which do not appear on your statement. If so, the transactions will appear on your next periodic statement. Such transactions must be considered by you when computing the value of your account. This is especially true if you have written options which have been exercised
7. If you maintain a margin account, this is a combined statement of your general account and a special memorandum account maintained for you under Regulation T of the Board of Governors of the Federal Reserve System. The permanent record of the separate account as required by Regulation T is available for your inspection upon request
8. Interest charged on debit balances in your account appears on the statement. The rate of interest and period covered are indicated. The rate may change from time to time due to fluctuations in money rates or other reasons. Interest is computed as described in material previously furnished to you. Please contact your financial institution if you desire additional copies
9. A financial statement of Donaldson, Lufkin & Jenrette Securities Corporation is available for your inspection at Pershing's offices. A copy of it will be mailed upon your written request
10. This statement should be retained for your records
11. Dividends, interest and other distributions shown on this statement were classified as taxable or nontaxable based on certain information known as of the distribution date. This classification is subject to change and is solely intended for use as general information

    After year end Pershing is required to provide tax information to the Internal Revenue Service and other governmental authorities. At that time Pershing will provide that information on the annual tax information statement to you, use that statement to prepare your tax filings. The tax statement also includes other useful information to assist in accumulating the data to prepare your tax returns
12. **Pershing does not provide tax, investment or legal advisory services and no one associated with Pershing is authorized to render such advice. Do not rely upon any such advice, if given. Investors are encouraged to consult their tax advisors to determine the appropriate tax treatment of their business**
13. Securities held in custody by Pershing for your account are protected up to a total of $75,000,000 per account. Of this total, Securities Investor Protection Corporation (SIPC) provides $500,000 of coverage, including $100,000 for claims for cash. The remaining $74,500,000 of coverage on securities only is provided by Pershing through a commercial insurer. The account protection applies when a SIPC member firm fails financially and is unable to meet obligations to securities customers, but it does not protect against losses from the rise and fall in market value of investments
14. Pershing trades for its own account as a market maker, specialist, odd lot dealer, block positioner, arbitrageur and/or investor. Consequently, at the time of any transaction you may make, Pershing may have a position in such securities, which position may be partially or completely hedged
15. If average price transaction is indicated on the front of this statement your financial institution or Pershing may have acted as principal, agent or both. Details available upon request.
16. This statement will be deemed conclusive and an account stated unless you advise Pershing in writing of any objection to it within ten days after receipt. Any such objection should be sent to Pershing at One Pershing Plaza, Jersey City, New Jersey 07399. Attention: Compliance Department.

ERRORS AND OMISSIONS EXCEPTED

PORTFOLIO HOLDINGS

This reflects the net market value of the securities in your account on a settlement date basis, including short positions, at the close of the statement period. The market prices have been obtained from quotation services which we believe to be reliable; however, we cannot guarantee their accuracy. Securities for which a price is not available are marked "N/A" and are omitted from the total.

The current interest or most recently declared dividends for each security is annualized to create the Estimated Annual Income figure. This is then divided by the current price to give the Estimated Percent Yield. These figures are estimates only and have been obtained from sources believed to be reliable, but no assurance can be made as to accuracy. Accrued interest represents interest earned but not yet received

LOCATION CODES

IT - Security in transfer
LE - Required documents received, shares submitted to transfer agent
SR - Security held at Pershing in client name
PD - Additional documents required for submission of shares to transfer agent
C - Security subject to Annual Special Products charge

THE ROLE OF PERSHING

Pershing carries your account as a clearing broker pursuant to a clearing agreement with your financial institution. Pershing may accept from your financial institution without inquiry or investigation (i) orders for the purchase and sale of securities and other property and (ii) any other instructions concerning your account. Pershing is not responsible or liable for any acts or omissions of your financial institution or its employees and it does not supervise them. Pershing provides no investment advice nor does it assess the suitability of any transaction or order. Pershing acts as the agent of your financial institution and you agree that you will not hold Pershing or any person controlling or under common control with it liable for any investment losses incurred by you

Pershing performs several key functions at the direction of your financial institution. It acts as custodian for funds and securities you may deposit with it directly or through your financial institution or that it receives as the result of securities transactions it processes. Inquiries concerning the positions and balances in your account may only be directed to the Pershing Customer Service Department at 201-413-3333. All other inquiries regarding your account or activity should be directed to your financial institution. For a description of other functions performed by Pershing please consult the Disclosure Statement provided to you upon the opening of your account

Your financial institution is responsible for adherence to the securities laws, regulations and rules which apply to it regarding its own operations and the supervision of your account. Its sales representatives and other personnel. Your financial institution is also responsible for approving the opening of accounts and obtaining account documents, the acceptance and, in certain instances, execution of securities orders, the assessment of the suitability of the transactions where applicable, the rendering of investment advice, if any, to you and in general, for the ongoing relationship that it has with you

This notice is not meant as a definitive enumeration of every possible circumstance, but as a general disclosure

If you have any questions regarding this notice or if you would like additional copies of the Disclosure Statement, please contact your financial institution

PAYMENT FOR ORDER FLOW PRACTICES

Pershing and its affiliate, Pershing Trading Company L.P. (collectively Pershing), receive compensation for directing over the counter (OTC) equity order flow to selected market makers. Pershing also directs a percentage of listed equity flow to certain exchanges or specialists and receives compensation in connection with the routing of such orders

With respect to OTC transactions, compensation may be in the form of a per share cash payment or non-cash compensation in the form of reciprocal arrangements whereby, in exchange for having orders directed to them, other broker-dealers will direct certain orders to Pershing. Similar reciprocal arrangements exist with respect to listed equities, whereby other broker-dealers will direct orders to Pershing specialists on the floor of various exchanges in return for receiving orders from Pershing. Additionally, certain exchanges reduce or eliminate execution fees on orders directed to them in dually listed securities

Pershing has selected certain market makers to provide execution of OTC securities transactions who have agreed to accept orders transmitted electronically up to a specified size and to execute them at or better than the national best bid or offer (NBBO). On large orders, or if the designated market makers do not make a market in the subject security, Pershing directly contacts market makers to obtain an execution. The designated market makers to whom orders are automatically routed are selected based on the consistently high quality of their OTC executions in one or more market segments and their ability to provide opportunities for executions at prices superior to the NBBO

If an order for an exchange listed security is not immediately executable on the exchange to which it is routed, such order may be represented in the national marketplace using the various means available for price discovery

Pershing also regularly reviews reports for quality of execution purposes

ARBITRATION

ARBITRATION DISCLOSURES.

- ARBITRATION IS FINAL AND BINDING ON THE PARTIES.
- THE PARTIES ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THIS RIGHT TO JURY TRIAL.
- PRE ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS
- THE ARBITRATORS' AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY'S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATORS IS STRICTLY LIMITED
- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.

ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN YOU AND US SHALL BE SUBMITTED TO ARBITRATION BEFORE THE NEW YORK STOCK EXCHANGE, INC., ANY OTHER NATIONAL SECURITIES EXCHANGE ON WHICH A TRANSACTION GIVING RISE TO THE CLAIM TOOK PLACE (AND ONLY BEFORE SUCH EXCHANGE), OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC.

NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PRE DISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL: (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN

THE LAWS OF THE STATE OF NEW YORK GOVERN.

If any of the above Terms and Conditions are unacceptable to you, please notify Pershing immediately in writing by certified mail to Pershing at One Pershing Plaza, Jersey City, New Jersey 07399, Attention: Compliance Department

2284

50

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Lucent Technologies*			X										X							X											
SP	Lucent Technologies*			X										X							X											P
SP	Mellon Bank*				X									X							X											
SP	Microsoft*				X									X							X											
SP	Pepsico*			X										X							X											
SP	Pepsico*			X										X							X											P
SP	Procter & Gamble*				X									X							X											
SP	Raytheon*		X											X							X											E (Spindf)
SP	Tricon Global Restaurnts*		X											X							X											
SP	Tricon Global Restaurnts*		X											X							X											P
SP	Washington Mutual*			W										X							X											
SP	Apollo Group**				X									X							X											
SP	AT&T**			X										X							X											
SP	Barnett Banks**				X									X							X											E
SP	Bed Bath & Beyond**				X									X							X											
SP	Chevron Corp.**			X										X							X											
SP	Consolidated Graphics**			X										X							X											
SP	Consolidated Graphics**				X									X							X											P
SP	Coram Healthcare Wts.**	X												X							X											E
SP	Exar Corp.**				X									X							X											P
SP	General Motors**			X										X							X											
SP	International Paper**			X										X							X											

*Discretionary account at Smith Barney. **Discretionary account at Prudential Securities.

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Lennar Corp.**				X									X							X											E
SP	LNR PRoperty Corp.**																															P
SP	LNR Property Corp. Cl B**																															E
SP	Lucent Technologies**			X										X							X											
SP	Media 100 Inc.**			X										X							X											P
SP	Microchip Tech. Inc.**				X									X							X											
SP	Minnesota Mining**			X										X							X											
SP	NCR Corp.**		X											X							X											S
SP	Paychex Inc.**				X									X							X											P
SP	Promus Hotel (PRH)**				X									X							X											
SP	Raytheon (RTNA)		X											X							X											
SP	Saba Petroleum (Del)**				X									X							X											
SP	Teva Pharm. ADR (TEVIY)**				X									X							X											
SP	Toys R Us**			X										X							X											
SP	Lee Cnty FL Hosp. Brd 8% of 2020 Series 1988**		X											X							X											
SP	Prudential Muni MM Fund**						X							X							X											
SP	OCC Cash Reserves ***		X											X							X											
SP	Cytotherapeutics Inc.***				X									X							X											P
SP	United Internatl Hldgs***				X									X							X											P
SP	Newhall LPship***					X								X							X											P
SP	Triad Park LPship*** (formerly Triad Sys. Corp.)			X										X							X											E
SP	Morgan Stanley Asia Fund***			X										X							X											P

**Discretionary account at Prudential Securities. ***Discretionary account at CIBC Oppenheimer Corp.

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Scudder New Europe Fnd***				X									X							X											P
SP	US Treas. Notes****				X									X							X											P
SP	Barrick Gold Corp.****			X										X							X											P
SP	Battle Mtn Gold Co.****			X										X							X											S
SP	Calmat Co.****				X									X							X											
SP	Canadian Pac Ltd.****				X									X							X											
SP	Equity Res. Ptcy Pfd****				X									X							X											E
SP	Minorco (ADR)**** (formerly Wellsford)				X									X							X											
SP	Newhall LPship DRs****					X								X							X											
SP	Newmont Mining****			X										X							X											
SP	Ogden Corp.****				X									X							X											
SP	Saint Joe Corp.****			X										X							X											
SP	Stone & Webster****			X										X							X											
SP	Alliance Muni Tr NY****						X							X							X											

***Discretionary account at CIBC Oppenheimer Corp.

****Discretionary account at Oppenheimer & Close.

S* Sold 12/30/97 but appeared on y/e statement because the settlement date is used for purposes of the statement.

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
SP	El Paso Natural Gas*		X		2/20/97	X									
SP	McDonalds*		X		9/12/97	X									
SP	Applied Magnetics CP**		X		12/8/97	X									
SP	Aquila Biopharm Inc.**		X***		12/8/97	X									
SP	Aspect Telecommunications Inc.**		X		12/8/97	X									
SP	Cabletron Systems**	X			4/23/97		X								
SP	Cabletron Systems**		X		12/8/97		X								
SP	Consolidated Graphics**			X****	12/3/97		X								
SP	DVL Inc.**		X***		12/8/97	X									
SP	DVL Inc. **		X***		12/9/97	X									
SP	Halsey Drug Inc.**		X***		12/9/97	X									
SP	Halsey Drug Inc.**		X***		2/28/97	X									
SP	Media 100 Inc.**		X		12/8/97		X								
SP	Networks Assoc. Inc.**		X		11/14/97		X								
SP	Oxford Resources Corp.**		X***		4/2/97	X									
SP	Parametric Tech Corp.**		X		3/31/97		X								

This page may be copied if more space is required.

***Acquired in exchange for services

**Charitable gift

*Discretionary account at Smith Barney

****Charitable gift

**Discretionary account at Prudential Securities.

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP/DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
SP	Pepsi Cola Pr Bottlg **		X***		12/8/97				X						
SP	Promus Hotel Corp.**		X		12/19/97	X									
SP	Security Dynamic Tec**		X		11/14/97	X									
SP	Synopsis Inc.**		X		3/13/97	X									
SP	Liposome Co. Inc.***		X		7/21/97		X								
SP	TCW DW Emerging Markets***		X		1/23/97		X								
SP	Western Ohio Financial***		X		4/10&17/97		X								
SP	Baker Hughes*	X			9/4/97	X									
SP	Discount Auto Parts*	X			9/22/97	X									
SP	Fannie Mae*	X			2/26/97	X									
SP	Gillette*	X			8/19/97	X									
SP	Lucent Technologies*	X			10/22/97	X									
SP	Pepsico Inc.*	X			2/19/97	X									
SP	Exar Corp.**	X			5/1/97		X								
SP	Lennar Corp.**			X	11/26/97		X								
SP	LNR Property Corp.*			X	11/26/97		X								

This page may be copied if more space is required.

**Discretionary account at Prudential Securities.
***Discretionary account at CIBC Oppenheimer & Co. ***Acquired in exchange for services.
*Discretionary account at Smith Barney.

2289

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
SP	LNR Property Corp. Class B **			X	11/26/97		X								
SP	Media 100 Inc.**	X			5/1/97		X								
SP	Paychex **	X			3/11/97	X									
SP	Cytotherapeutics***	X			4/29/97		X								
SP	United International Holdings***	X			3/18/97		X								
SP	Newhall Land and Farming Co.	X			3/3/97		X								
SP	Triad Park Limited Partnership***			X	3/3/97		X								
SP	Morgan Stanley Asia Fund***	X			8/28/97	X									
SP	Scudder New Europe Fund ***	X			7/21/97		X								
SP	Barrick Gold Corp.****	X			12/15/97	X									
SP	Battle Mtn Gold Co.****			X	12/30/97		X								
SP	Equity Res. Ppty Pfd.**** (formerly Wellsford)			X			X								
SP	Minorco****	X			12/17&22/97		X								

This page may be copied if more space is required.

**Discretionary account at Prudential Securities.
***Discretionary account at CIBC Oppenheimer
****Discretionary account at Oppenheimer & Close.

2290

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Development Corp. for Israel/ Israel Bonds (Speech @ Temple Emanuel	Feb. 14-16	NYC-W. Palm Beach, FL-NYC	Y (1 night)	Y	Y	1 day
	Aspen Institute (Bi-Partisan Congressional Retreat)	Mar. 7-9	Hershey, PA (provided own transportation)	Y	Y	Y	N
	Aspen Institute (Conference on U. S. Relations with Russia)	Aug. 18-25	Athens, Greece - Dresden, Germany - NYC	Y	Y	Y	2 days

This page may be reproduced if necessary.

2292

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

(201 FOR 46 (08/94))

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 JUN 11 PM 4:57

NITA M. LOWEY
(Full Name)

105 Beverly Rd.
Rye, NY 10580
(Mailing Address)

(202) 225-6506
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 18	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Nita M Lowey

DATE (Month/Day/Year) 6/11/98

2294

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
JT	Citibank, N.A.				X											X								X								
JT	Chase Bank			X												X							X									
JT	Citibank Landmark Fund								X					X													X					
JT	US Treasury Notes							X								X									X							
SP	Lowey Dannenberg Bemporad & Selinger, P.C.									X											NA											
SP	Lowey Dannenberg Bemporad & Selinger Profit Sharing										X										NA											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: NITA M. LOWEY

Page 5 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	IRA – The Kaufman Fund								X												NA											
	IRA – Smith Barney				X																NA											
	US Gov't Thrift Svgs Plan				X																NA											
SP	IRA – Tweedy Browne								X												NA											
	NYS Retirement Plan					X															NA											
	NYS Def. Comp. Plan				X																NA											
JT	M.D.Sass Recnterprise Fnd								X								X											X				
JT	M.D.Sass Muni/Treasury Fd								X							X	X										X					
JT	M.D.Sass Symphony Fund								X							X	X										X					
SP	Ingalls&Snyder Value Pp.								X							X	X										X					
JT	EGS Partners								X					X			X											X				
SP	P.Oppenheimer Inv. Pp.								X					X			X										X					
SP	Oppenheimer-Spence Pp.							X						X			X								X							
JT	EM NY Properties Pp.	X																			NA											
	Bear Stearns Portfolio of NY Tax-Free Bonds (attchd)								X							X												X				
JT	Citigroup Portfolio of NY Tax-Free Bonds (attchd)							X								X											X					
JT	Lebenthal Portfolio of NY Tax-Free Bonds (attchd)									X				X														X				
JT	Lebenthal NY Muni Bond Fund							X						X												X						
SP	Wisdomtree Associates							X									X				X											P
SP	Santa Monica Partners							X									X										X					P
	Lowey Family Invstmt LLC							X									X				X											P
SP	Lowey Family Invstmt LLC							X									X				X											P

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	SB MUNI NY MNY MKT PORT CL A			X										X								X										
SP	AT&T*			X										X							X											
SP	Abbott Laboratories*			X										X							X											
SP	American Express *				X									X							X											
SP	American Greetings*				X									X							X											
SP	American Internat'l Gp.*				X									X							X											
SP	Amgen Inc.*			X										X							X											
SP	Baker Hughes*			X										X							X											P
SP	Bankamerica*			X										X							X											
SP	Bell Atlantic*							X						X							X											
SP	Chase Manhattan Bank* ~~(formerly Chemical)~~			X										X							X											
SP	Colgate-Palmolive*				X									X							X											
SP	Corning, Inc.*			X										X							X											
SP	Data Broadcasting*				X									X							X											
SP	Discount Auto Parts*			X										X							X											P
SP	Eastman Kodak*			X										X							X											
SP	Fannie Mae*			X										X							X											P
SP	Fannie Mae*			X										X							X											
SP	GTE Corp.*					X								X							X											
SP	General Motors*					X								X							X											
SP	Gillette Co.*				X									X							X											P
SP	H. J. Heinz Co.*					X								X							X											

*Discretionary account at Smith Barney.

This page may be copied if more space is required

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWBY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Lucent Technologies*			X										X							X											
SP	Lucent Technologies*			X										X							X											P
SP	Mellon Bank*				X									X							X											
SP	Microsoft*				X									X							X											
SP	Pepsico*			X										X							X											
SP	Pepsico*			X										X							X											P
SP	Procter & Gamble*				X									X							X											
SP	Raytheon*		X											X							X											E (Spinoff)
SP	Tricon Global Restaurnts*		X											X							X											
SP	Tricon Global Restaurnts*		X											X							X											P
SP	~~Washington Mutual*~~ (formerly Gt Westn Fin Corp)			X										X							X											
SP	Apollo Group**				X									X							X											
SP	AT&T**			X										X							X											
SP	Barnett Banks**				X									X							X											E
SP	Bed Bath & Beyond**				X									X							X											
SP	Chevron Corp.**			X										X							X											
SP	Consolidated Graphics**			X										X							X											
SP	Consolidated Graphics**				X									X							X											P
SP	Coram Healthcare Wts.**	X												X							X											E
SP	Exar Corp.**				X									X							X											P
SP	General Motors**			X										X							X											
SP	International Paper**			X										X							X											

*Discretionary account at Smith Barney. **Discretionary account at Prudential Securities.

This page may be copied if more space is required.

2298

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Lennar Corp.**				X									X							X											E
SP	LNR PRoperty Corp.**																															P
SP	LNR Property Corp. Cl B**																															E
SP	Lucent Technologies**			X										X							X											
SP	Media 100 Inc.**			X										X							X											P
SP	Microchip Tech. Inc.**				X									X							X											
SP	Minnesota Mining**			X										X							X											
SP	NCR Corp.**		X											X							X											S
SP	Paychex Inc.**				X									X							X											P
SP	Promus Hotel (PRH)**				X									X							X											
SP	Raytheon (RTNA)		X											X							X											
SP	Saba Petroleum (Del)**				X									X							X											
SP	Teva Pharm. ADR (TEVIY)**				X									X							X											
SP	Toys R Us**			X										X							X											
SP	Lee Cnty FL Hosp. Brd 84 of 2020 Series 1988**		X											X							X											
SP	Prudential Muni MM Fund**						X							X							X											
SP	OCC Cash Reserves ***		X											X							X											
SP	Cytotherapeutics Inc.***				X									X							X											P
SP	United Internatl Hldgs***				X									X							X											P
SP	Newhall LPship***					X								X							X											P
SP	Triad Park LPship*** (formerly Triad Sys. Corp)			X										X							X											E
SP	Morgan Stanley Asia Fund***			X										X							X											P

**Discretionary account at Prudential Securities. ***Discretionary account at CIBC Oppenheimer Corp.

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Scudder New Europe Fnd***				X									X							X											P
SP	US Treas. Notes****				X									X							X											P
SP	Barrick Gold Corp.****			X										X							X											P
SP	Battle Mtn Gold Co.****			X										X							X											S
SP	Calmat Co.****				X									X							X											
SP	Canadian Pac Ltd.****				X									X							X											
SP	Equity Res. Ppty Pfd****				X									X							X											E
SP	Minorco (ADR)**** (formerly Wellsford)				X									X							X											
SP	Newhall LPship DRs****					X								X							X											
SP	Newmont Mining****			X										X							X											P, S
SP	Ogden Corp.****				X									X							X											P
SP	Saint Joe Corp.****			X										X							X											
SP	Stone & Webster****			X										X							X											
SP	Alliance Muni Tr NY****						X							X							X											
SP	Cabletron Systems**				X									X							X											P, S
SP	El Paso Natural Gas*			X										X							X											S
SP	McDonalds*			X										X							X											S
SP	Applied Magnetics**			X										X							X											S
SP	Aquilla Biopharm. Inc.**			X										X							X											S
SP	Aspect Telecommunications**				X									X							X											S
SP	DVL Inc.**			X										X							X											S
SP	Halsey Drug Inc.**			X										X							X											S

***Discretionary account at CIBC Oppenheimer Corp.

****Discretionary account at Oppenheimer & Close.

S* Sold 12/30/97 but appeared on y/e statement because the settlement date is used for purposes of the statement.

This page may be copied if more space is required.

2300

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 10 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Media 100 Inc.**				X									X							X											S
SP	Networks Assoc. Inc.**				X									X							X											S
SP	Oxford Resources Corp.**			X										X							X											S
SP	Parametric Tech Corp.**				X									X							X											S
SP	Pepsi Cola PR Bottling**						X							X							X											S
SP	Promus Hotel Corp.**			X										X							X											S
SP	Security Dynamic Tec.**			X										X							X											S
SP	Synopsis Inc.**			X										X							X											S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY

Page 11 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-97		X								
SP	El Paso Natural Gas*		X		2/20/97	X									
SP	McDonalds*		X		9/12/97	X									
SP	Applied Magnetics CP**		X		12/8/97	X									
SP	Aquila Biopharm Inc.**		X***		12/8/97	X									
SP	Aspect Telecommunications Inc.**		X		12/8/97	X									
SP	Cabletron Systems**	X			4/23/97		X								
SP	Cabletron Systems**		X		12/8/97		X								
SP	Consolidated Graphics**			X****	12/3/97		X								
SP	DVL Inc.**		X***		12/8/97	X									
SP	DVL Inc. **		X***		12/9/97	X									
SP	Halsey Drug Inc.**		X***		12/9/97	X									
SP	Halsey Drug Inc.**		X***		2/28/97	X									
SP	Media 100 Inc.**		X		12/8/97		X								
SP	Networks Assoc. Inc.**		X		11/14/97		X								
SP	Oxford Resources Corp.**		X***		4/2/97	X									
SP	Parametric Tech Corp.**		X		3/31/97		X								

This page may be copied if more space is required.

***Acquired in exchange for services

**Charitable gift

*Discretionary account at Smith Barney

****Charitable gift

**Discretionary account at Prudential Securities.

2302

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY | Page 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	I Over
SP	Example: Mega Corporation Common Stock	X			10-12-97		X								
SP	Pepsi Cola Fr Bottlg **		X***		12/8/97				X						
SP	Promus Hotel Corp.**		X		12/19/97	X									
SP	Security Dynamic Tec**		X		11/14/97	X									
SP	Synopsis Inc.**		X		3/13/97	X									
SP	Liposome Co. Inc.***		X		7/21/97		X								
SP	TCW DW Emerging Markets***		X		1/23/97		X								
SP	Western Ohio Financial***		X		4/10&17/97		X								
SP	Baker Hughes*	X			9/4/97	X									
SP	Discount Auto Parts*	X			9/22/97	X									
SP	Fannie Mae*	X			2/26/97	X									
SP	Gillette*	X			8/19/97	X									
SP	Lucent Technologies*	X			10/22/97	X									
SP	Pepsico Inc.*	X			2/19/97	X									
SP	Exar Corp.**	X			5/1/97		X								
SP	Lennar Corp.**			X	11/26/97		X								
SP	LNR Property Corp.*			X	11/26/97		X								

This page may be copied if more space is required. **Discretionary account at Prudential Securities.
***Discretionary account at CIBC Oppenheimer & Co. ***Acquired in exchange for services.
*Discretionary account at Smith Barney.

2303

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
SP	LNR Property Corp. Class B **			X	11/26/97		X								
SP	Media 100 Inc.**	X			5/1/97		X								
SP	Paychex **	X			3/11/97	X									
SP	Cytotherapeutics***	X			4/29/97		X								
SP	United International Holdings***	X			3/18/97		X								
SP	Newhall Land and Farming Co.	X			3/3/97		X								
SP	Triad Park Limited Partnership***			X	3/3/97		X								
SP	Morgan Stanley Asia Fund***	X			8/28/97	X									
SP	Scudder New Europe Fund ***	X			7/21/97		X								
SP	Barrick Gold Corp.****	X			12/15/97	X									
SP	Battle Mtn Gold Co.****			X	12/30/97		X								
SP	Equity Res. Ppty Pfd.**** (formerly Wellsford)			X			X								
SP	Minorco****	X			12/17&22/97		X								
SP	Wisdomtree Associates	X			10/1/97					X					
	Lowey Family Investment LLC	X			12/15/97					X					
SP	Lowey Family Investment LLC	X			12/15/97					X					

This page may be copied if more space is required.

**Discretionary account at Prudential Securities.
***Discretionary account at CIBC Oppenheimer
****Discretionary account at Oppenheimer & Close.

Name NITA M. LOWEY | Page 14

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
SP	Santa Monica Partners	X			4/1/97				X						
SP	US Treasury Notes****	X			1/22/97		X								
SP	Newmont Mining****	X			1/13/97	X									
SP	Newmont Mining****		X		12/30/97	X									
SP	Ogden Corp.****	X			6/23/97		X								

This page may be copied if more space is required.

99 MAY 15 AM 11:43

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Frank D. Lucas
(Full Name)

P O. Box 1039
(Mailing Address)

Cheyenne OK 73628

Daytime Telephone: 202-225-5565

Filer Status	[X] Member of the U S House of Representatives	State OK District 06	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank D. Lucas

DATE (Month/Day/Year): MAY 14, 1998

23806

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, *Examples:* SP JT	Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Panhandle Royalty Co. Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Security State Bank, Cheyenne, OK	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	Western Farm Burea IRA	$1,001 - $15,000	Interest	$1 - $200	NA
	Apache Corporation	None	Royalty	$201 - $1,000	NA
	Oryx Energy Co.	None	Royalty	$201 - $1,000	NA
	ST Mary Operating Co.	None	Royalty	$2,501 - $5,000	NA
	Crescendo Resourses, LP	None	Royalty	$2,501 - $5,000	NA
	Amoco Production Co.	None	Royalty	$15,001 - $50,000	NA

2307

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	480acres-Farmland,House,Equip.,&Cattle,Cheyenne,OK	$100,001 - $250,000	Farm Income	$15,001 - $50,000 (gross)	NA
JT	320acres-Farmland	$50,001 - $100,000	Farm Income	None	P
	103acres-Mineral Rights, Roger Mills, OK	$100,001 - $250,000	See above individual companies	None	NA
	Public Employee Retirement	$15,001 - $50,000	None	None	NA
SP	Oklahoma Teacher Retirement	$1,001 - $15,000	None	None	NA
SP	Texas Teacher Retirement	$1,001 - $15,000	None	None	NA
DC	Security State Bank, Cheyenne,OK	$1,001 - $15,000	Interest	$1 - $200	NA
	American Central Gas Corp.	None	Right of Way Easement	$15,001 - $50,000	NA
	Transok, Inc.	None	Right of Way Easement	$2,501 - $5,000	NA

2308

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	320acres Farmland, Roger Mills, OK	Purchase	8-5-97	$50,001 - $100,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Security State Bank, Cheyenne,OK	Mortgage on Roger Mills Farm	$50,001 - $100,000
JT	Security State Bank, Cheyenne, OK	Operating Loan on Farm	$10,001 - $15,000
JT	John Deere Credit	Farm Tractor Loan	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Farm Credit Council & National Council of Farmer Cooperatives	January 12 - 15, 1997	OKC, OK - San Diego, CA - OKC, OK	Y	Y	Y	None
National Farmer's Union	February 28, 1997	Wash., DC - Nashville, TN - OKC, OK	Y	Y	N	None
Aspen Institute	March 7 - 9, 1997	Wash., DC - Hershey, PA - Wash., DC	Y	Y	Y	None
Oklahoma Academy for State Goals	August 22, 1997	Guymon, OK - Tulsa, OK - Cheyenne, OK	N	N	N	None

RECEIVED

98 MAY 15 AM 10:49

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

William P. Luther
(Full Name)

6375 St. Croix Trail N., #147
(Mailing Address)

Stillwater MN 55082

Daytime Telephone: 612-730-4949

MC HAND DELIVERED (6)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: MN District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: William P. Luther

DATE (Month/Day/Year): 5/15/98

2312

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	William P. Luther, Attorney at Law, 6375 St. Croix Trail N., Stillwater, MN 55082	Legal Fees for Services Rendered Prior to 1/1/95, Gross	$39,547.00
		Net	$36,710.00
	State of Minnesota, House of Representatives, State Capitol, St. Paul, MN 55155 (including related positions)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Former Law Practice (sole proprietorship in Schedule I)	$1,001 - $15,000	See Schedule I		
	1/2 interest in 7 acres, unimproved real estate, NW corner of Hwy 210 & old 210, Fergus Falls, MN	$100,001 - $250,000		None	
	Checking accounts, First Bank, 90 S. 6th St., Mpls., MN 55480	$1,001 - $15,000	Interest	$1 - $200	
SP	Checking account, Marquette Bank Brooklyn Park, 7608 Brooklyn Blvd., Brooklyn Park, MN 55443	$1,001 - $15,000	Interest	$1 - $200	

2314

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Savings account, First Bank, 90 S. 6th St., Mpls., MN 55480	$1 - $1,000	Interest	$1 - $200	
DC	Savings account, Marquette Bank Brooklyn Park, 7608 Brooklyn Blvd., Brooklyn Park, MN 55443	$1,001 - $15,000	Interest	$1 - $200	
	Law firm profit sharing and pension trust, Richard L. Luther, Trustee, 601 Lakeshore Pkwy., Suite 750, Minnetonka, MN 55305	$500,001 - $1,000,000	Not applicable	NA	
JT	MN State Legislator's Defined Benefit Retirement Plans, 175 West Lafayette Frontage Rd. S., St. Paul, MN 55107	$100,001 - $250,000	Not applicable	NA	
JT	MN State Deferred Compensation Plans, Minnesota Mutual General Accounts, 400 Robert St. N., St. Paul, MN 55101	$100,001 - $250,000	Interest	$5,001 - $15,000	
	Dean Witter Liquid Asset Funds mutual funds, 333 S. 7th St., Suite 1300, Mpls., MN 55402	$1 - $1,000	Dividends	$1,001 - $2,500	
SP	Dean Witter Liquid Asset Funds money market, 333 S. 7th St., Suite 1300, Mpls., MN 55402 (portion of funds used for short-term swing loan to spouse's parents on 11/24/97)	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Federal Home Loan Bank bond, c/o Dean Witter, 333 S. 7th St., Suite 1300, Mpls., MN 55402	$1 - $1,000	Interest, Capital Gains	$1,001 - $2,500	
SP	Putnam Funds mutual funds, 265 Franklin St., Boston, MA 02110 c/o Dean Witter, 333 S. 7th St., Suite 1300, Mpls., MN 55402	$50,001 - $100,000	Dividends, Capital Gains	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Voyageur Minnesota--Insured Funds mutual funds, 90 S. 7th St., Suite 4400, Mpls., MN 55402, c/o Dean Witter, 333 S. 7th St., Suite 1300, Mpls., MN 55402 (portion of funds used for short-term swing loan to spouse's parents on 11/24/97)	$15,001 - $50,000	Dividends, Capital Gains	$1,001 - $2,500	
SP	IRA, Dean Witter Liquid Asset Funds money market, Fannie Mae bond, Dean Witter Pacific Growth Fund mutual fund (previously Great Hall Prime Money Market), 333 S. 7th St., Suite 1300, Mpls., MN 55402	$1,001 - $15,000	Dividends, interest	$1 - $200	
DC	Trusts dated 2/1/78 and 12/21/82, Zurich Kemper Total Return Fund and Money Market Funds, c/o FSC Securities Corp., 2300 Windy Ridge Pkwy., No. 1100, Marietta, Georgia 30067	$50,001 - $100,000	Dividends, Capital Gains	$5,001 - $15,000	
SP	Pension, Northwest Airlines, Inc., 5101 Northwest Dr., St. Paul, MN 55111-3034	$1,001 - $15,000	Not applicable	NA	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Federal Home Loan Bank bond	Sold	9/9/97	$15,001 - $50,000

RECEIVED

98 MAY 15 AM 9:49

HAND DELIVERED (12)

(Office Use Only)

2318

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Carolyn B. Maloney
(Full Name)

49 East 92nd Street
(Mailing Address)

New York, New York 10128

Daytime Telephone (212) 289-9450

Filer Status: [X] Member of the U.S. House of Representatives — State New York District 14 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Carolyn B. Maloney

DATE (Month/Day/Year): 5-14-98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Liberty Pittsburg Systems, Inc., Pittsburg, PA	Spouse	N/A
	Chromium Industries, Inc., Chicago, IL	Spouse	N/A
	CHW Maloney & Co., Incorporated; New York, NY	Spouse	N/A
	The Wall Street Fund, New York, NY	Spouse	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
None			

This page may be copied if more space is required.

Name Carolyn B. Maloney

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BUSINESS INCOME	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock						X							X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Stock - Chromium Industries, Inc. - Chicago, IL						X											X										X				
	CD - First Coastal Bank - Virginia Beach, VA			X												X							X									
	Stock - Liberty Pittsburg Systems, Inc.-Pittsburg, PA						X														X											E
	Rental Property & Residence, 49 East 92 Street, New York, NY									X					X												X					
	Rental Property-Single Family, 279 West Road, New Canaan, CT								X						X												X					
	Albright & Maloney Partnership, 10 High St., Boston, MA, Rental Real Estate, Jamaica, WI						X								X						X											-

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carolyn B. Maloney

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BUSINESS INCOME	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	HPB Enterprises, T/A Albemarle Plantation-Real Estate Dev.-Hertford, NC								X						X	X	X	X									X					
	Stock-Aldo Farms of NC, Inc. 209 6th Street, Virginia Beach, VA				X									X									X									
	Stock-The Wall Street Fund			X										X									X									
	Stock-Roll Finishing, Mt. Vernon, IN				X													X								X						
	Stock-JTP, Inc.-Land Investment, Jonestown Road, Chesapeake, VA				X										X						X											
	Citibank, N.A.		X											X								X										
	Shares-RBB/Bedford Money Market Fund				X									X										X								
	Shares-Dreyfus Liquid Assets		X											X								X										
	Undivided Interest-Land-96 acres-Route 64, Southampton County, VA				X												X				X											
	Stock-Beechtree Park, Inc., T/A Holiday Travel Park, Virginia Beach, VA								X						X	X	X				X											
	Shares-Fidelity Cash Reserve				X									X									X									
	Shares-Fidelity U. S. Government Reserve			X										X									X									
	Stock-CHW Maloney & Co., Inc.			X										X								X										
	Shares-Benhan Capital Preservation Fund, Mountainview, CA			X										X									X									
	Stock-Holiday Village, Inc. Real Estate, Virginia Beach, VA				X										X		X				X											

This page may be copied if more space is required.

2322

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carolyn B. Maloney

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BUSINESS INCOME	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	R. G. Bosher Irrevocable Life Ins. Trust - Insurance Trust	X																			X											
DC	HPB Enterprises, T/A Albemarle Plantation-Real estate - 1/4 income interest Hertford, NC			X											X		X	X	X				X									
	Bosher Family Partnership L.P., Virginia Beach, VA				X										X			X			X											
	236 shares El Paso Nat'l Gas Co.				X									X									X									
	Undivided 1/5 interest - real estate-Rose Hall, Jamaica						X								X						X											
	Stock-Birdneck Country Club Apt., Inc.					X									X						X											
SP	Bosher Family Partnership L.P., Virginia Beach, VA				X										X		X				X											
DC	Bosher Family Partnership L.P., Virginia Beach, VA				X										X		X				X											

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Carolyn B. Maloney

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	None														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Chase Manhattan Bank, Worthington, OH	Mortgage on 49 East 92nd Street, New York, NY			X							
	Citibank, N.A.	Mortgage on 49 East 92nd Street, New York, NY				X						
	Chase Manhattan Mtg. Corp., Worthington, OH	Mortgage of 279 West Road, Refinancing New Canaan Bank				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute (Attachment A)	Mar. 3- 7	Wash., D.C.-Hersey, PA-Wash., D. C.	Y	Y	Y	N
	Fisher Ctr for Alzheimer's Research (Attachment B)	Apr. 30	Wash. D.C.-New York, NY-Wash., D.C.	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	HPB Enterprises, T/A Albemarle Plantation, Hertford, NC
Partner	Bosher Family Partnership, L.P., Virginia Beach, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

U.S. House of Representatives
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements.

In accordance with House Rule 52, please complete this form and file it with the Clerk of the House of Representatives, 1036 Longworth House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed.

Description of the trip:

DATES OF TRAVEL: 3/7/97 - 3/9/97

DESTINATION(S): Hershey Pennsylvania

SPONSOR (WHO PAID FOR THE TRIP): Aspen Institute

PURPOSE: To promote civility in the House

Provide a good faith estimate of the following:

TOTAL TRANSPORTATION EXPENSES: paid out of pocket

TOTAL LODGING EXPENSES: $620 (room + meals

TOTAL MEAL EXPENSES:

TOTAL OF ALL OTHER EXPENSES:
(Includes costs for Mrs. + Mr. Maloney and their 2 daughters)

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member/Officer of the House of Representatives and would not create the appearance that I am using public office for private gain.

NAME: Carolyn B. Maloney
(please print or type)

SIGNATURE: Carolyn B. Maloney DATE: 4/11/97

Attachment A

U.S. House of Representatives
EMPLOYEE TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them.

In accordance with House Rule 52, please complete this form and file it with the Clerk of the House of Representatives, 1036 Longworth House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed.

Description of the trip:

DATES OF TRAVEL: April 30, 1997

DESTINATION(S): New York City

SPONSOR (WHO PAID FOR THE TRIP): Fisher Ctr. for Alzheimer's Research Found.

PURPOSE: Participate in ceremony

Provide a good faith estimate of the following:

TOTAL TRANSPORTATION EXPENSES: $252

TOTAL LODGING EXPENSES: _____

TOTAL MEAL EXPENSES: _____

TOTAL OF ALL OTHER EXPENSES: _____

NAME OF EMPLOYEE: Carolyn B. Maloney
(please print or type)

SIGNATURE OF EMPLOYEE: Carolyn B. Maloney DATE: 5/30/97

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that he/she is using public office for private gain.

NAME OF SUPERVISING MEMBER/OFFICER: Carolyn B. Maloney
(please print or type)

SIGNATURE OF SUPERVISING MEMBER/OFFICER: Carolyn B. Maloney DATE: 5/30/97

05/29 '97 13:19 TOTAL P.02

Attachment B

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
93 MAY 15 PM 12:47

James H. Maloney
(Full Name)

15 Wooster Heights, Danbury, CT 06810
(Mailing Address)

(202) 225-3822
Daytime Telephone

MC
(Office Use Only)

(6)

Filer Status	[X] Member of the U.S. House of Representatives — State: CT District: 05	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jas H. Maloney

DATE (Month/Day/Year): 5/3/98

2330

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Connecticut, W.C.S.U., Danbury, CT	Salary	2,622.00
	Danbury Public Schools, Danbury, CT	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Cong. James H. Maloney

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P S E
SP.		SP	Mega Corp Stock				X								X										X								P
DC.	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
	Maloney, Leaphart & Assoc., P.C. Loans Receivable and Equity					X												X				X											
	Constitution State Strategic Assoc. (Shares)				X													X				X											
	Maloney Congress Committees (Loans)					X											X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Cong. James H. Maloney

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Nutmeg Federal Savings Bank Accounts	C	INTEREST	II	
	Maloney State Senate Committees (Loans)	D	INTEREST	I	
	U.S. Government Bonds	C	INTEREST	I	
	First Union Bank Accts	C	INTEREST	II	
	Norwalk Savings Society ACCT	C	INTEREST	III	
	1988 Milldale Road Cheshire, CT (Partial Interest)	E	CAPITAL GAINS	I	
	Smith Barney IRA Money Market	B	INTEREST	II	P, S
	Smith Barney IRA Money Market	B	INTEREST	II	P, S

This page may be copied if more space is required.

Name Cong. James H. Maloney

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	American National Bank, Cheshire, CT	Mortgage on 1988 Milldale Road, Cheshire, CT		X								
	Francis A. Miniter, Hartford, CT	Mortgage on 1988 Milldale Road, Cheshire, CT		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Adjunct Professor*	Western Connecticut State University (1997) *Approved by House Standards of Official Conduct Committee
Joint Tenancy	1988 Milldale Road, Cheshire, CT

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A	Maloney, Leaphart & Associates, P.C.	Dissolved P.C. wrapping up affairs, to distribute any net equity

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY -6 PM 3:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

Thomas J. Manton
(Full Name)

2235 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-3965

MAY 01 1998
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District 7	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas J. Manton

DATE (Month/Day/Year): 5-1-98

2336

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York City Employees Retirement System	Pension for NYC Council Service	$13,616
	Estate of Mary Crane (will dated 9/22/76)	Executor's Commission	18,927
	Greater New York Nurses Registry, Inc. (Private duty nursing)	Spouse Earnings	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	American Watch Association, Inc.	Speech	May 13, 1997	$1,500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas J. Manton

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction (P, S, E)
SP	Mega Corp Stock					X								X										X								P
DC, *Examples.*	Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
SP	D. Manton Trust						X							X		X								X	X							
SP	IRA Home Savings Bank			X																				-NA-								
	NYC Employee Retirmnt.						X																	-NA-								
	Stock-Thomas J. Manton PC				X																X											

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Thomas J. Manton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example*	Mega Corporation Common Stock	X			10–12–97		X								
	NONE															

This page may be copied if more space is required.

2340

Name Thomas J. Manton

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wright-Patman Federal Credit Union	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Security Caucus Foundation	Dec. 3-9	Newark, NJ-Bogota, Colom.-Newark, NJ	Y	Y	N	N

This page may be copied if more space is required.

Name	Thomas J. Manton	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Sole Stockholder, Director and Officer	Thomas J. Manton, P.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 13 AM 9:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only) (9)

DONALD A. MANZULLO
(Full Name)

792 E. Lightsville Road
(Mailing Address)

(202) 225-5676
Daytime Telephone

Egan, IL 61047

Filer Status	[X] Member of the U.S. House of Representatives	State IL District 16th	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Donald A. Manzullo

DATE (Month/Day/Year) 5/1/98

2344

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cattle operation, Egan, IL		7500.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock						X							X																			P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts							X								X									X							
	Rent, commercial bldg 404 Washington, Oregon, IL							X							X												X					
	D.A.Manzullo, Trustee D.A.Manzullo Pension Tr								X					X		X	X							X								
	IRA, Everen Sec *			X										X		X	X						X									
SP	IRA, Everen Sec*			X										X		X	X						X									
	Sole shareholder, Law Ofc Donald A. Manzullo(dormant)		X																		X											
	Federal Credit Union			X												X							X									
	StillmanBancorp, Oregon, IL				X											X							X									

For additional assets and unearned income, use next page.

*Held at Everen Securities and invested in various mutual funds

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DONALD A. MANZULLO

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Raven Industries			X										X								X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name DONALD A. MANZULLO

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	NONE														

This page may be copied if more space is required.

2349

Name	DONALD A. MANZULLO	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Stillman Bancorp, Stillman Valley, IL	mortgage on commercial bldg Oregon, IL			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	TransAtlantic Policy Network representing House of Rep Int'l Relations Subcmt on Trade	4/4/97-4/6/97	Wash D.C.-W.Va. - Wash DC	Y	Y	Y	
	Aspen Inst(Bipartison Cong Conf)	3/7/97 to 3/8/97	Wash DC-Hershey, PA-Wash DC	Y	Y	Y	

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Donald A. Manzullo, P.C. (dormant)
Trustee	Donald A. Manzullo, P.C. Pension Trust (this is a DEfined Benefit Retirement Plan from my law firm of which I was the sole shareholder)
Trustee	M.F. Charitable Trust (dormant)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/92	Agreement w/various attorneys to collect residual legal fees on cases still pending w/ Donald A. Manzullo, P.C. as per permission granted from House Committee on Official Conduct by letter dated 1/5/93.	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

98 MAY 13 AM 9:39
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(97)

792 E. Lightsville Road
Egan, Illinois 61047
May 4, 1998

Clerk,U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515-6612

MC ✓

(1)

Dear Sir:

The following is being furnished as an amendment to the Financial Disclosure Statements submitted by me for the calendar years 1992, 1993, 1994, 1995, and 1996.

The following information is to be placed in Section III - Assets and "Unearned" Income:

Block A	Block B	Block C	Block D	Block E
Raven Industries common stock	Val $1000-$15000	Dividends	$1-$200	(blank)

No other additions or corrections are being made to any reports filed by the undersigned.

Sincerely,

Donald A. Manzullo
U.S. Congressman
16th District, Illinois

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 3:16
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(8)

HAND DELIVERED
(Office Use Only)

Edward J. Markey
(Full Name)

2133 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

202-225-2836
Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State Mass. District 07 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Edward J. Markey

DATE (Month/Day/Year): 5/14/98

2354

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
Spouse:	U.S. Public Health Service, Dept. of Health & Human Services	Spouse Salary	NA
Spouse:	Private Practice of Medicine	Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Cong. Federal Credit Union Accts.				X											X							X									
	Medford Bank, Medford, MA (formerly Medford Savings)		X													X						X										
	Salomon Smith Barney, IRA	(Detailed below)																														
	Fid Ad Gr Opp T			X										X			X						X									E
	Putnam Intl N op M			X													X						X									E
	Putnam Nw Val M			X										X			X					X										E

(Continued)

For additional assets and unearned income, use next page.

2356

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward J. Markey

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	Salomon Smith Barney (cont.)	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	SB Gv SC A			X										X									X								
	SB Inv Gd A			X										X									X								
	Fidelity S+P 500 Market Index Fund			X										X			X					X									P
JT	First Union Bank Accounts				X											X							X								
SP	First Union Bank Accounts			X												X						X									
SP	Dean Witter Peynolds, IRA	(Detailed below)																													
	DW Liq Asset Fnd		X											X								X									
	DW Val Added Eq B			X										X									X								
SP	TIAA-CREFF Retirement Ann.						X									X					NA										
SP	Merrill Lynch Money Market Tax Free Acct.				X											X							X								
SP	Port Authority NY-NJ Municipal Bonds	X														X									X						S
SP	Denver, CO City-County FAC Airport Funds	X														X									X						S
SP	Eaton Vance Nat. Municipal Bond Fund						X									X									X						
SP	Van Kampen American Cap. Municipal Bond Fund						X									X									X						
SP	Alliance Massachusetts Municipal Bond Fund (Continued)					X										X	X								X						S

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward J. Markey

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Merrill Lynch Special Value Fund						X						X			X								X							P
SP	Merrill Lynch S+P 500 Index Fund						X						X			X								X							P

This page may be copied if more space is required.

2358

SCHEDULE IV — TRANSACTIONS

Name Edward J. Markey

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Fidelity S+P 500 Index Fund	X			08-20-97	X									
SP	Merrill Lynch S+P 500 Index Fund	X			07-09-97			X							
SP	Merrill Lynch S+P 500 Index Fund	X			08-18-97		X								
SP	Merrill Lynch S+P 500 Index Fund		X		09-11-97			X							
SP	Merrill Lynch S+P 500 Index Fund	X			10-23-97			X							
SP	Merrill Lynch Special Value Fund	X			08-18-97		X								
SP	Merrill Lynch Special Value Fund	X			09-11-97			X							
SP	Merrill Lynch Special Value Fund	X			10-25-97			X							
SP	Denver, CO City-County FAC Airport Bonds		X		10-21-97			X							
SP	Port Authority NY-NJ Municipal Bonds		X		10-22-97			X							
SP	Alliance Massachusetts Munic. Bond Fund		X		07-09-97		X								
SP	Alliance Massachusetts Munic. Bond Fund		X		07-14-97	x									
SP	Alliance Massachusetts Munic. Bond Fund		X		08-05-97		X								
SP	Alliance Massachusetts Munic. Bond Fund		X		08-18-97			X							

(CONTINUED)

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Edward J. Markey

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	Salomon Smith Barney, IRA (Detailed below)														
	Fid AD Gr Opp T			X	08/18/97	X									
	Putnam Intl N op M			X	08/18/97	X									
	Putnam Nw Val M			X	08/18/97	X									

This page may be copied if more space is required.

2360

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Boston College Law School Board of Advisors

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY -7 AM 9:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

2362

HC INSIDE MAIL (5)
(Office Use Only)

MATTHEW GILBERT MARTINEZ
(Full Name)

2234 Rayburn HOB; Washington, D.C. 20515
(Mailing Address)

(202) 225-5464
Daytime Telephone

Filer Status [X] Member of the U.S. House of Representatives — State California, District 31st [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [X] No [ ]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Matthew G. Martinez

DATE (Month/Day/Year) May 6, 1998

2362

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Mega Corp. Stock						X							X																		P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah KY accounts						X									X									X							
SP	Apt. Units: 439 S. New Avenue; Monterey Park, CA 91755							X							X												X					
SP	Apt. Units: 3514 Beverly Blvd. Montebello, CA 90640							X							X												X					
JT	Condo: 1080 Wisconsin Ave.;D.C. 20007						X								X						X											

For additional assets and unearned income, use next page.

2363

SCHEDULE IV — TRANSACTIONS

Name Matthew Gilbert Martinez

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
JT	Condo: 300 M. Street, S.W. Washington, D.C. 20024	**Deeded back to Mortgage Company			,6-19-97		X								

This page may be copied if more space is required.

2364

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	Trust Savings Bank	Mortgage: Apt. Units										
	Monterey Park, CA 91754	439 S. New - Mont. Park 3514 Beverly - Mtblo				X						
JT	Mellon Mortgage Company	Mortgage: 1080 Wisconsin				X						
		Ave.; D.C. 20007										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Gray Panthers D.C. 20006	9-27-97	L.A./San Francisco/LA	N	N	N	1day

This page may be copied if more space is required.

RECEIVED
MAIL PROCESSING CENTER

98 MAY -6 AM 11:46

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (4)

(Office Use Only)

2367

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Frank R. Mascara
(Full Name)

831 Lincoln Avenue PA (H) (724) 483-8733 DC (H) (202) 544-5964
(Mailing Address) Daytime Telephone:

Charleroi PA 15022 (W)202-225-4665

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 20	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank Mascara

DATE (Month/Day/Year): 5/6/98

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Charleroi Federal Savings Bank C.D.'s & Accounts	$50,001 - $100,000	Interest	$2,501 - $5,000	
JT	Mellon Bank (PA) C.D.	$1,001 - $15,000	Interest	$1 - $200	
	Washington County Retirement Fund	$100,001 - $250,000	None	None N/A	NA
JT	609-611 Fallowfield Avenue, Charleroi, PA	$100,001 - $250,000	Rent	None Net $15,001 - $50,000 Gross	
	Loan to Mascara for Congress	$1,001 - $15,000	None	None	
JT	Wright-Patman Congressional Credit Union	$1,001 - $15,000	Interest	$1 - $200	
JT	Mellon Bank Checking Account	$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Charleroi Federal Savings Bank, Charleroi, PA 15022	Mortage on 609-611 Fallowfield Avenue, Charleroi, PA	$50,001 - $100,000
JT	Frank & Jennie Flora, Belle Vernon, PA 15012	Personal Note (Loan Paid Off in 1997)	$15,001 - $50,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee (Resigned in 1997)	California University of PA, California, PA 15419 (Uncompensated)
Commissioner (Resigned in 1997)	Port of Pittsburgh Commission, Pittsburgh, PA (Uncompensated)

RECEIVED
98 MAY 15 AM 11:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only) 6

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

ROBERT TAKEO MATSUI
(Full Name)

US House of Representatives, 2308 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone: (202) 225-7163

Filer Status [X] Member of the U.S. House of Representatives — State: CA District: 05 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert T. Matsui

DATE (Month/Day/Year): May 14, 1998

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DFAS Columbus (White House)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14-20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.

SP, DC, JT	*Examples:*	SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Wright Patman Congressional Federal Credit Union			$1 - $1,000	Interest	$1 - $200	
JT	Wright Patman Cong. FCU - held in trust for Brian R. Matsui			$1 - $1,000	Interest	$1 - $200	
SP	Bank of America - checking			$1 - $1,000	Interest	$1 - $200	
JT	Nartrov, Inc. stock			$15,001 - $50,000	Interest	$1 - $200	
JT	White House Federal Credit Union			$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Pacific Gas & Electric Common Stock			$1,001 - $15,000	Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Sierra Pacific Resources Common Stock	$1,001 - $15,000	Dividends	$1 - $200	
JT	KERN CNTY CALIF COP BEALE MEM LIBRARY BK ENTRY O.I.D. BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	CALIFORNIA ST VAR PURP BOOK ENTRY BOND	$1,001 - $15,000	Interest	$201 - $1,000	
JT	REDDING JT PWRS FING AUTH CA WSTEWTR REV RFDG SER-A-FGIC BOND	$1,001 - $15,000	Interest	$201 - $1,000	
JT	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	
DC	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
JT	CMA Fund - Merrill Lynch	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	CMA Fund - Merrill Lynch	$1 - $1,000	Dividends	$1 - $200	
JT	US Treasury Notes	$15,001 - $50,000	Interest	$2,501 - $5,000	
SP	*Checking Account - Bank of America, Dinuba, CA (50% interest)	$1,001 - $15,000	Interest	$1 - $200	
SP	*Cash Maximizer Account - Bank of America, Dinuba, CA (50% interest)	$15,001 - $50,000	Interest	$201 - $1,000	
SP	*Farm Equipment - SOLD (50% interest)	$15,001 - $50,000	Offet by appraised value at time of inheritance, depreciation, other farm related expenses	$1 - $200	
SP	*Farm and Residence, Dinuba, CA (50% interest)	$250,001 - $500,000	Rent	$5,001 - $15,000	
SP	Okada Family Trust: CD - Bank of America, Dinuba, CA	$1,001 - $15,000	Interest	$1 - $200	
SP	Sun Financial Group bank account (proceeds from father's life insurance)	$50,001 - $100,000	Interest	$2,501 - $5,000	

*Assets transferred from Okada Family Trust to Spouse.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Bank of America, Dinuba, CA - Checking (Inherited funds)	$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Univ of CA, Los Angeles	Sept. 12-13	Wash., DC-LA-Wash., DC	Y	N	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 JUN 12 PM 3:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

20

CAROLYN MCCARTHY
(Full Name)

493 NANCY ROAD, MINEOLA, NY 11501 (516) 873-9087
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Carolyn McCarthy

DATE (Month/Day/Year): 6/12/98

2377

Name CAROLYN MCCARTHY	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Oniano County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

2378

Name CAROLYN MCCARTHY	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	NONE			

This page may be copied if more space is required.

Name CAROLYN MCCARTHY

Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source		BLOCK B Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts						X								X									X							
	SEE ATTACHED																																

For additional assets and unearned income, use next page.

2380

BLOCK A ASSET AND/OR INCOME SOURCE			BLOCK B YEAR-END VALUE OF ASSET				BLOCK C TYPE OF INCOME			BLOCK D AMOUNT OF INCOME						BLOCK E TRANS
	A	B	C	D	E	F			I	II	III	IV	V	VI	VII	
		$1-	$1,001-	$15,001-	$50,001-	$100,001-				$1-	$201-	$1,001-	$2,501-	$5,001-	$15,001-	
	NONE	$1,000	$15,000	$50,000	$100,000	$250,000	DIV	INT	NONE	$200	$1,000	$2,500	$5,000	$15,000	$50,000	P,S,E
CBS CORP(FMR WSTNGHSE)			X				X			X						P
COMPUTER ASSOC INTL				X			X			X						P
FORD MOTORS CO			X				X				X					
SOUTHWESTERN BELL DEB					X			X					X			
AT&T CORP DEBENTURES					X			X					X			
PACIFIC BELL DEBENT					X			X					X			
US TREASURY NOTES						X		X						X		
TENN VALLEY AUTH				X				X					X			
JANUS INV FUND WW				X			X					X				P
MORGAN STAN ASIAN GR			X				X			X						
MUTUAL FD SER DISC FD				X			X					X				P
PRU SMALL CAP QUANTUM						X	X			X						P
STRONG SCHAFER VAL FD				X			X				X					P
TEMPLETON DEVEL MKTS				X			X					X				P
THIRD AVE FUND INC				X			X				X					P
ROCHESTER FD MUNI			X					X			X					P
EUROPE FUND INC			X				X				X					
LATIN AMER ICA EQ FD			X				X				X					
EQUITY INC FD SELECT					X		X					X				P
NATIONAL EQUITY TRUST					X		X					X				P
PRU COMMAND MNY FD						X	X								X	
BRISTOL MYERS SQUIBB							X			X						S
CHEVRON CORP									X							S
DOW CHEMICAL							X			X						S
US TREASURY NOTES 11/97								X						X		S
US TREASURY NOTES 01/97								X					X			S
US TREASURY NOTES 03/97								X					X			S

2381

BLOCK A ASSET AND/OR INCOME SOURCE			BLOCK B YEAR-END VALUE OF ASSET				BLOCK C TYPE OF INCOME			BLOCK D AMOUNT OF INCOME						BLOCK E TRANS
	A	B	C	D	E	F			I	II	III	IV	V	VI	VII	
		$1-	$1,001-	$15,001-	$50,001-	$100,001-				$1-	$201-	$1,001-	$2,501-	$5,001-	$15,001-	
	NONE	$1,000	$15,000	$50,000	$100,000	$250,000	DIV	INT	NONE	$200	$1,000	$2,500	$5,000	$15,000	$50,000	P,S,E
ADOBE SYSTEMS INC			X				X			X						P
AES CORP			X						X							P
AETNA INC			X				X			X						P
AMERICAN GREETINGS							X			X						P,S
AMERICAN STD COS			X						X							P
AMERICAN STORES CO			X						X							P
ATMEL CORP		X							X							P
BIOGEN INC			X						X							P
CASE CORP		X							X							P,S
CHASE MANHATTAN CO			X						X							P
CIGNA CORP			X						X							P
CIRCUIT CITY STORES		X							X							P
CIT GROUP INC CL A		X							X							P
CITICORP			X				X			X						P
COMPUTER ASSOC									X							P,S
DAYTON HUDSON CORP			X				X			X						P
DEERE & CO			X						X							P
E M C CORP MASS			X						X							P
EATON CORP		X					X			X						P,S
ECI TELECOM LTD			X				X			X						P
ELECTRONIC DATA SYS			X				X			X						P
FIRST UNION CORP			X				X			X						P
FLUOR CORP		X							X							P
FOUNDATION HEALTH SYS		X							X							P
HILTON HOTELS CORP			X						X							P
HORMEL FOODS CORP			X						X							P
ILLINOIS CENTRAL CORP			X						X							P
LOCKHEED MARTIN CORP			X				X			X						P
LSI LOGIC CORP			X						X							P

2382

BLOCK A ASSET AND/OR INCOME SOURCE			BLOCK B YEAR-END VALUE OF ASSET				BLOCK C TYPE OF INCOME				BLOCK D AMOUNT OF INCOME					BLOCK E TRANS
	A	B	C	D	E	F			I	II	III	IV	V	VI	VII	
		$1-	$1,001-	$15,001-	$50,001-	$100,001				$1-	$201-	$1,001-	$2,501-	$5,001-	$15,001-	
	NONE	$1,000	$15,000	$50,000	$100,000	$250,000	DIV	INT	NONE	$200	$1,000	$2,500	$5,000	$15,000	$50,000	P,S,E
MATTEL INC			X						X							P
MC GRAW HILL COMP			X				X			X						P
MEDPARTNERS INC			X						X							P
MEMC ELECTRONIC		X							X							P
MORTON INTL INC			X				X			X						P
PACIFICARE HEALTH SYS		X							X							P
PARKER HANNIFIN		X					X			X						P,S
PEP BOYS			X						X							P
RELIASTAR FINANCIAL			X						X							P
REYNOLDS METALS CO			X						X							P,S
SABRE GROUP HLDGS		X							X							P
SANTA FE INTL CORP			X						X							P
SYNOPSYS INC			X						X							P
TENET HEALTHCARE CO			X						X							P
TRAVELERS PROP CAS		X					X			X						P
UCAR INTL INC			X						X							P
ULTRAMAR DIAMOND SH			X				X			X						P
UNION TEXAS PETRO			X				X			X						P
VASTAR RESOURCES INC			X				X			X						P
WALLACE COMPUTER		X					X			X						P
WASHINGTON MUTUAL INC			X				X			X						P
XEROX CORP			X						X							P
3COM CORP			X						X							P
PRU CAT NTL MONEY FD			X				X				X					N/A

BLOCK A ASSET AND/OR INCOME SOURCE			BLOCK B YEAR-END VALUE OF ASSET				BLOCK C TYPE OF INCOME					BLOCK D AMOUNT OF INCOME				BLOCK E TRANS
	A	B	C	D	E	F			I	II	III	IV	V	VI	VII	
		$1-	$1,001-	$15,001-	$50,001-	$100,001-				$1-	$201-	$1,001-	$2,501-	$5,001-	$15,001-	
	NONE	$1,000	$15,000	$50,000	$100,000	$250,000	DIV	INT	NONE	$200	$1,000	$2,500	$5,000	$15,000	$50,000	P,S,E
ALBERTSONS INC			X				X			X						P
ALUMAX INC			X						X							P
AMERICAN GENL CORP			X				X			X						P
AMGEN INC			X						X							P
AMOCO CORP			X						X							P
APPLIED MATERIALS INC			X						X							P
BANK OF NEW YORK INC			X						X							P
BOSTON CHICKEN INC									X							P,S
COMPUTER ASSOC INTL			X						X							P
CROWN CORK & SEAL			X				X			X						P
CSX CORP			X				X			X						P
CYPRUS AMAX MIN CO			X						X							P
DANA CORP			X				X			X						P
DEERE & CO			X						X							P
DOW CHEMICAL CO			X						X							P
DU PONT EI DE NEMOURS			X				X			X						P
E M C CORP MASS			X						X							P
EATON CORP			X						X							P
ECHLIN INC			X						X							P
FIRST UNION CORP			X				X			X						P
FRONTIER CORP			X						X							P
GENERAL SIGNAL CORP			X						X							P
GOODYEAR TIRE			X				X			X						P
HEWLETT PACKARD CO			X						X							P
INCO LIMITED			X				X			X						P
INTEL CORP			X				X			X						P
KEYCORP NEW			X				X			X						P
KLA TENCOR CORP			X						X							P

2384

BLOCK A			BLOCK B				BLOCK C			BLOCK D						BLOCK E
ASSET AND/OR			YEAR-END				TYPE					AMOUNT OF INCOME				TRANS
INCOME SOURCE			VALUE OF ASSET				OF INCOME									
	A	B	C	D	E	F			I	II	III	IV	V	VI	VII	
		$1-	$1,001-	$15,001-	$50,001-	$100,001-				$1-	$201-	$1,001-	$2,501-	$5,001-	$15,001-	
	NONE	$1,000	$15,000	$50,000	$100,000	$250,000	DIV	INT	NONE	$200	$1,000	$2,500	$5,000	$15,000	$50,000	P,S,E
LINCOLN NATIONAL CORP			X						X							P
PENNEY J C CO INC			X						X							P
PHARMACIA & UPJOHN									X							P,S
PHELPS DODGE CORP		X					X			X						P
PHILLIPS PETRO CO			X				X			X						P
RAYTHEON CO			X						X							P
ROHM&HAAS CO			X				X			X						P
SBC COMMUNICATIONS			X						X							P
SGS THOMSON MICRO									X							P,S
TEXAS UTILITIES CO			X						X							P
TRW INC			X				X			X						P
U S WEST COMMUN			X						X							P
ULTRAMAR DIAMOND			X				X			X						P
UNION PACIFIC CORP			X						X							P
UNION PLANTERS CORP			X				X			X						P
UNIVERSAL FOODS CORP			X				X			X						P
WASHINGTON GAS LIGHT			X						X							P
3 COM CORP			X						X							P
PRU CAT NTL MONEY FD			X				X			X						N/A
ABBOTT LABS			X						X							P
AMERICAN INTL GROUP			X				X			X						P
AUTOMATIC DATA PRO			X						X							P,S
COCA COLA CO			X				X			X						P
COLGATE PALMOLIVE			X						X							P
CPC INTL INC			X						X							P
WALT DISNEY CO			X						X							P
EMERSON ELECTRIC CO			X				X			X						P

2385

BLOCK A ASSET AND/OR INCOME SOURCE			BLOCK B YEAR-END VALUE OF ASSET				BLOCK C TYPE OF INCOME			BLOCK D AMOUNT OF INCOME						BLOCK E TRANS
	A	B	C	D	E	F			I	II	III	IV	V	VI	VII	
		$1-	$1,001-	$15,001-	$50,001-	$100,001-				$1-	$201-	$1,001-	$2,501-	$5,001-	$15,001-	
	NONE	$1,000	$15,000	$50,000	$100,000	$250,000	DIV	INT	NONE	$200	$1,000	$2,500	$5,000	$15,000	$50,000	P,S,E
FANNIE MAE			X				X			X						P
FIRST DATA CORP			X						X							P
FREDDIE MAC			X				X			X						P
GENERAL ELECTRIC CO			X						X							P
GENERAL RE CORP			X				X			X						P
GILLETTE COMPANY			X				X			X						P
HEWLETT PACKARD			X						X							P
HOME DEPOT INC			X				X			X						P
INTEL CORP			X						X							P
JOHNSON & JOHNSON			X				X			X						P
MCDONALDS CORP							X			X						P,S
MEDTRONIC INC			X						X							P
MERCK & CO			X						X							P
NATIONSBANK CORP			X				X			X						P,S
NORWESTCORP			X						X							P
PEPSICO INC			X						X							P
PFIZER INC			X				X			X						P,S
PROCTER & GAMBLE			X						X							P
ROYAL DUTCH PETRO			X						X							P
SCHERING PLOUGH CORP			X				X			X						P
SCHLUMBERGER LIMITED			X						X							P
PRU CAT NTL MONEY FD			X				X			X						N/A
COCA COLA CO			X				X			X						
GENERAL ELECTRIC			X				X			X						
MOTOROLA INC			X				X			X						
PROCTER & GAMBLE			X				X			X						
PRU MONEYMART FUND			X				X			X						

SCHEDULE IV — TRANSACTIONS

Name CAROLYN MCCARTHY | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	SEE ATTACHED														

This page may be copied if more space is required.

	TYPE OF TRANSACTION				AMOUNT OF TRANSACTION					
					B	C	D	E	F	G
				DATE	$1,001-	$15,001-	$50,001-	$100,001-	$250,001-	$500,001-
ASSET	PURCHASE	SALE	EXCHANGE		$15,000	$50,000	$100,000	$250,000	$500,000	$1,000,000
BRISTOL MYERS SQUIBB CO		X		01/30/97	X					
CBS CORP	X			02/28/97	X					
CHEVRON CORP		X		01/30/97	X					
COMPUTER ASSOC	X			02/28/97	X					
COMPUTER ASSOC	X			03/11/97	X					
COMPUTER ASSOC	X			12/15/97	X					
DOW CHEMICAL		X		01/30/97	X					
EQUITY INCOME FD SELECT S&P	X			03/11/97		X				
JANUS INV FD	X			10/31/97		X				
MUTUAL FD SER DISC FD	X			10/31/97		X				
NATIONAL EQUITY TRUST	X			03/17/97		X				
PRUDENTIAL SMALL CAP QUANTUM	X			11/10/97			X			
ROCHESTER FUND MUNI INC	X			02/28/97	X					
STRONG SCHAFER VALUE FD	X			10/31/97		X				
TEMPLETON DEVELOP MKTS TRUST	X			10/31/97		X				
THIRD AVENUE FUND	X			10/31/97		X				
UNITED STATES TREASURY NOTES		X		12/01/97			X			
UNITED STATES TREASURY NOTES		X		01/31/97				X		
UNITED STATES TREASURY NOTES		X		03/31/97				X		
SANTA FE INTERNATIONAL CORP	X			10/29/97	X					
AES CORP	X			10/29/97	X					
AES CORP	X			10/30/97	X					
ADOBE SYSTEMS INC	X			10/29/97	X					
ADOBE SYSTEMS INC	X			12/11/97						
AETNA INC	X			10/29/97	X					
AMERICAN GREETINGS CORP	X			10/29/97	X					
AMERICAN GREETINGS CORP		X		11/25/97	X					
AMERICAN GREETINGS CORP		X		12/24/97	X					
AMERICAN STANDARD COS INC	X			10/29/97	X					
AMERICAN STANDARD COS INC	X			11/18/97						

2388

					AMOUNT OF TRANSACTION					
	TYPE				B	C	D	E	F	G
	OF TRANSACTION			DATE	$1,001-	$15,001-	$50,001-	$100,001-	$250,001-	$500,001-
ASSET	PURCHASE	SALE	EXCHANGE		$15,000	$50,000	$100,000	$250,000	$500,000	$1,000,000
AMERICAN STORES	X			10/29/97	X					
AMERICAN STORES	X			12/01/97						
AMERICAN STORES	X			12/11/97						
ATMEL CORP	X			11/03/97						
BIOGEN INC	X			10/29/97	X					
CIGNA CORP	X			11/12/97	X					
CASE CORP	X			10/29/97	X					
CASE CORP		X		11/06/97						
CASE CORP		X		11/25/97						
CHASE MANHATTAN CORP	X			10/29/97	X					
CIRCUIT CITY STORES	X			12/31/97	X					
CIT GROUP	X			11/20/97						
CITICORP	X			10/29/97	X					
COMPUTER ASSOC	X			10/29/97	X					
COMPUTER ASSOC		X		11/20/97	X					
DAYTON HUDSON CORP	X			10/29/97	X					
DEERE & CO	X			10/29/97	X					
ECI TELECOM LTD	X			10/29/97	X					
E M C CORP	X			10/29/97	X					
EATON CORP	X			10/29/97	X					
EATON CORP		X		11/24/97						
ELECTRONIC DATA SYSTEMS	X			10/29/97	X					
FIRST UNION CORP	X			10/29/97						
FIRST UNION CORP	X			11/14/97						
FIRST UNION CORP	X			12/09/97						
FLUOR CORP	X			10/29/97						
FOUNDATION HEALTH SYSTEMS	X			10/29/97						
HILTON HOTELS	X			12/12/97	X					
HORMEL FOODS	X			10/29/97	X					
ILLINOIS CENTRAL CORP	X			10/29/97	X					
LSI LOGIC CORP	X			10/29/97	X					

					AMOUNT OF TRANSACTION					
		TYPE			B	C	D	E	F	G
	OF TRANSACTION			DATE	$1,001-	$15,001-	$50,001-	$100,001-	$250,001-	$500,001-
ASSET	PURCHASE	SALE	EXCHANGE		$15,000	$50,000	$100,000	$250,000	$500,000	$1,000,000
LOCKHEED MARTIN CORP	X			10/29/97	X					
MATTEL INC	X			10/29/97	X					
MC GRAW HILL COMP	X			10/29/97	X					
MEDPARTNERS INC	X			10/29/97	X					
MEMC ELECTRONIC MATERIALS	X			10/29/97						
MORTON INTERNATIONAL INC	X			10/29/97	X					
PACIFICARE HEALTH SYSTEMS	X			10/29/97						
PARKER HANNIFIN CORP	X			10/29/97	X					
PARKER HANNIFIN CORP		X		11/05/97						
PEP BOYS MANNY MOE & JACK	X			10/29/97	X					
RELIASTAR FINANCIAL CORP	X			10/29/97	X					
REYNOLDS METALS CO	X			10/29/97	X					
REYNOLDS METALS CO		X		11/18/97						
SABRE GROUP HLDGS	X			10/29/97						
SYNOPSYS INC	X			10/29/97	X					
TENET HEALTHCARE CORP	X			10/29/97	X					
TENET HEALTHCARE CORP	X			11/19/97						
3COM CORP	X			10/29/97	X					
3COM CORP	X			11/19/97						
TRAVELERS PROP & CASUALTY	X			10/29/97						
UCAR INTL INC	X			10/29/97	X					
ULTRAMAR DIAMOND SHAMROCK	X			10/29/97	X					
ULTRAMAR DIAMOND SHAMROCK	X			12/10/97						
UNION TEXAS PETROLEUM	X			10/29/97	X					
VASTAR RESOURCES	X			10/29/97	X					
VASTAR RESOURCES	X			11/24/97						
WALLACE COMPUTER SVCES	X			10/29/97						
WASHINGTON MUTUAL INC	X			10/29/97	X					
XEROX CORP	X			10/29/97	X					
ALBERTSONS	X			10/28/97	X					
ALUMAX INC	X			10/28/97	X					

	TYPE OF TRANSACTION				AMOUNT OF TRANSACTION					
					B	C	D	E	F	G
				DATE	$1,001-	$15,001-	$50,001-	$100,001-	$250,001-	$500,001-
ASSET	PURCHASE	SALE	EXCHANGE		$15,000	$50,000	$100,000	$250,000	$500,000	$1,000,000
AMERICAN GENERAL CORP TEXAS	X			10/28/97	X					
AMGEN INC	X			10/28/97	X					
AMOCO CORP	X			12/22/97	X					
APPLIED MATERIALS INC	X			10/28/97	X					
BANK OF NEW YORK INC	X			10/28/97	X					
BOSTON CHICKEN INC	X			10/28/97	X					
BOSTON CHICKEN INC		X		12/10/97						
CSX CORP	X			10/28/97	X					
COMPUTER ASSOC	X			10/28/97	X					
COMPUTER ASSOC	X			12/09/97						
CROWN CORK & SEAL	X			10/28/97	X					
CYPRUS AMAX MINERALS	X			10/28/97	X					
DANA CORP	X			10/28/97	X					
DEERE & CO	X			10/28/97	X					
DOW CHEMICAL	X			10/28/97	X					
DU PONT EI DE MENOURS	X			10/28/97	X					
E M C CORP	X			12/17/97	X					
EATON CORP	X			12/09/97	X					
ECHLIN INC	X			10/28/97	X					
FIRST UNION CORP	X			10/28/97	X					
FRONTIER CORP	X			10/28/97	X					
GENERAL SIGNAL CORP	X			10/28/97	X					
GOODYEAR TIRE & RUBBER CO	X			10/28/97	X					
HEWLETT PACKARD CO	X			10/28/97	X					
INCO LIMITED	X			10/28/97	X					
INTEL CORP	X			10/28/97	X					
INTEL CORP	X			12/18/97	X					
KLA TENCOR CORP	X			10/28/97	X					
KEYCORP	X			10/28/97	X					
LINCOLN NATIONAL CORP	X			10/28/97	X					
PENNY J C COMPANY	X			10/28/97	X					

					AMOUNT OF TRANSACTION					
	TYPE				B	C	D	E	F	G
	OF TRANSACTION			DATE	$1,001-	$15,001-	$50,001-	$100,001-	$250,001-	$500,001-
ASSET	PURCHASE	SALE	EXCHANGE		$15,000	$50,000	$100,000	$250,000	$500,000	$1,000,000
PHARMACIA & UPJOHN	X			10/28/97	X					
PHARMACIA & UPJOHN		X		11/21/97						
PHELPS DODGE CORP	X			10/28/97						
PHILLIPS PETROLEUM CO	X			10/28/97	X					
RAYTHEON CO	X			10/28/97	X					
ROHM&HAAS CO	X			10/28/97	X					
SBC COMMUNICATIONS INC	X			10/28/97	X					
SGS THOMSON MICROELECTRONIC	X			10/28/97	X					
SGS THOMSON MICROELECTRONICS		X		11/03/97	X					
TRW INC	X			10/28/97	X					
TEXAS UTILITIES CO	X			10/28/97	X					
3 COM CORP	X			10/31/97	X					
ULTRAMAR DIAMOND SHAMROCK	X			10/28/97	X					
UNION PACIFIC CORP	X			10/28/97	X					
UNION PLANTERS CORP	X			10/28/97	X					
U S WEST COMMUNICATIONS	X			10/28/97	X					
UNIVERSAL FOODS CORP	X			10/28/97	X					
WASHINGTON GAS LIGHT CO	X			10/28/97	X					
ABBOTT LABORATORIES ILL	X			10/29/97	X					
AMERICAN INTERNATIONAL GROUP	X			10/29/97	X					
AUTOMATIC DATA PROCESSING	X			10/29/97	X					
AUTOMATIC DATA PROCESSING		X		12/02/97						
CPC INTERNATIONAL INC	X			10/29/97	X					
COCA COLA CO	X			10/29/97	X					
COLGATE PALMOLIVE	X			10/29/97	X					
DISNEY WALT HOLDINGS	X			10/29/97	X					
EMERSON ELECTRIC	X			10/29/97	X					
FREDDIE MAC	X			10/29/97	X					
FANNIE MAE	X			10/29/97	X					
FIRST DATA CORP	X			10/29/97	X					
GENERAL ELECTRIC CO	X			10/29/97	X					

2392

					AMOUNT OF TRANSACTION					
	TYPE				B	C	D	E	F	G
	OF TRANSACTION			DATE	$1,001-	$15,001-	$50,001-	$100,001-	$250,001-	$500,001-
ASSET	PURCHASE	SALE	EXCHANGE		$15,000	$50,000	$100,000	$250,000	$500,000	$1,000,000
GENERAL RE CORP	X			10/29/97	X					
GILLETTE COMPANY	X			10/29/97	X					
HEWLETT PACKARD	X			10/29/97	X					
HOME DEPOT INC	X			10/29/97	X					
INTEL CORP	X			11/13/97	X					
JOHNSON & JOHNSON	X			10/29/97	X					
MCDONALDS CORP	X			10/29/97	X					
MCDONALDS CORP		X		12/02/97	X					
MEDTRONIC INC	X			12/02/97	X					
MERCK & CO	X			10/29/97	X					
NATIONSBANK CORP	X			10/29/97	X					
NATIONSBANK CORP		X		11/13/97	X					
NORWEST CORP	X			11/13/97	X					
NORWEST CORP	X			11/14/97						
PEPSICO INC	X			10/29/97	X					
PFIZER INC	X			10/29/97	X					
PFIZER INC		X		11/13/97	X					
PROCTER & GAMBLE CO	X			10/29/97	X					
ROYAL DUTCH PETROLEUM CO	X			10/29/97	X					
SCHERING PLOUGH CORP	X			10/29/97	X					
SCHLUMBERGER LIMITED	X			12/02/97	X					

Name	CAROLYN MCCARTHY	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name CAROLYN MCCARTHY

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Jewish Community Relations Council	8/17 - 8/25	Newark, NJ - Israel-Newark	Y	Y	N	N
	Committee for a Livable Future	5/29	NYC - Portland - NY	N	Y	N	N
	Illinois Council Against Handgun Violence	5/18 - 5/19	NYC - Chicago - NYC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	NEW YORKERS AGAINST GUN VIOLENCE
TRUSTEE	THE KEVIN MCCARTHY FUND
BOARD MEMBER	GUNS FOR GOODS
BOARD MEMBER	MOLLOY COLLEGE - DEPT. OF NURSING,CENTER FOR NURSING RESEARCH AND SCHOLARLY PRACTICE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

FIFTH DISTRICT, MISSOURI
1232 LONGWORTH HOUSE
OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4535

811 GRAND AVENUE, ROOM 935
KANSAS CITY, MO 64106
(816) 842-4545

301 W. LEXINGTON, ROOM 217
INDEPENDENCE, MO 64050
(816) 833-4545

HAND DELIVERED

COMMITTEE ON COMMERCE
SUBCOMMITTEE ON
ENERGY AND POWER
SUBCOMMITTEE ON
TELECOMMUNICATIONS, TRADE,
AND CONSUMER PROTECTION

Congress of the United States
House of Representatives
Karen McCarthy

RECEIVED
LEGISLATIVE PROPOSALS CENTER
98 MAY 12 AM 8:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(4)

MC

May 7, 1998

The Honorable Robin H. Carle
Clerk of the House
H-154 U.S. Capitol
Washington, D.C. 20515-6601

Dear Robin:

I hereby enclose one original and two copies of my 1998 Financial Disclosure Report filed pursuant to the Ethics in Government Act. I ask that you make this filing a part of the public record.

On Schedule III, Assets and "Unearned" Income, I respectfully submit the following explanation. Country Club Bank is a new account which I opened during the calendar year of 1997. Into this account, I transferred funds from Paine Webber Money Market account, evidenced by the drop in value of this asset between calendar year 1996 and 1997.

Best personal regards,

Karen McCarthy

Karen McCarthy

KM:jwr

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 12 PM 3:44

Karen McCarthy
(Full Name)

1232 Longworth House Office Building
(Mailing Address)

202-225-4535
Daytime Telephone

Washington, DC 20515

(Office Use Only)

Filer Status	[xxx] Member of the U.S. House of Representatives	State: MO District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[xxx] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [xx]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [xx]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [xxx]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [xx]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [xx]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [xx]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [xx]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [xx]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [xx]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [xx]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [xx]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Karen McCarthy

DATE (Month/Day/Year): May 12, 1998

2398

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	Fund, Money Market Chase Vista, St. Louis					X								X											X							
	IRA/Waddell & Reed, KC,MO			X													-NA-							-NA-								
	Country Club Bank, KC, MO					X										X								X								
	Paine Webber Money Market KC, MO.		X													X						X										
	State of MO Ret. System Jefferson City, MO			X													-NA-							-NA-								
	State of MO Pref. Comp. Plan, Jefferson City, MO			X													-NA-							-NA-								

For additional assets and unearned income, use next page.

2399

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Mar 31-Apr5	K.C., MO - Lanai, HI- KC,MO	Y	Y	Y	N
	New Democratic Network	Aug 10-12	KC, MO - San Francisco, CA-KC, MO	Y	Y	N	N

This page may be copied if more space is required.

2400

RECEIVED
98 MAY 14 PM 12:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC DELIVERED (8)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Bill McCollum a/k/a Ira W. McCollum, Jr.
(Full Name)

600 Thistlewood Court
(Mailing Address)

Longwood FL 32779
Daytime Telephone: (202)225-2176

Filer Status [X] Member of the U.S. House of Representatives — State: FL District: 08 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[ ]	No	[X]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[X]	No	[ ]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[ ]	No	[X]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[X]	No	[ ]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[X]	No	[ ]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bill McCollum

DATE (Month/Day/Year): May 14, 1998

2401

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
National Association of Independent Insurers (NAII)	Speech at 1997 Federal State Legislative Seminar	Mar. 6, 1997	$500.00
National Association of Independent Insurers (NAII)	Speech at 1997 Underwriting Seminar	May 28, 1997	$500.00
The KMart Family Foundation	Participant in Race Against Drugs	Sept. 10, 1997	$500.00
American Financial Services Association	Speech at 1997 Annual Meeting	Oct. 6, 1997	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	40 acres real property, Hernando, County, Florida (60% interest)	$50,001 - $100,000 (good faith estimate)	None	None	
	Barnett Bank accounts	$15,001 - $50,000	Interest	$1 - $200	
	Congressional Federal Credit Union Account	$1,001 - $15,000	Dividends	$1 - $200	
	Eubanks, Hilyard, et al, P.A. Profit Sharing Plan - Sun Trust	$100,001 - $250,000	Dividends, Interest and Capital Gains	N/A	
	IRA -Vanguard Fiduciary Trust-Computer Network Technology stock	$1,001 - $15,000	None	None	
DC	SunTrust stock	$50,001 - $100,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Diamond Multimedia stock	$1,001 - $15,000	None	None	P
	Amylin Pharmaceuticals stock	$1,001 - $15,000	None	None	
	Genus Inc. stock	$1,001 - $15,000	None	None	
	Informix Jan 99 call options-strike 5	$1,001 - $15,000	None	None	P
	Informix Jan 00 call options-strike 10	$1,001 - $15,000	None	None	P
	Insite Vision stock	$1,001 - $15,000	None	None	
	Integrated Device Technology stock	$1,001 - $15,000	None	None	
	Vical stock	$1,001 - $15,000	None	None	
	Xoma Corp. stock	$1,001 - $15,000	None	None	P
	Mattson Technology Inc. stock	None	Capital Gains	$1,001 - $2,500	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Mattson Technology Inc. common stock	Sold	09-25-97	$1,001 - $15,000
	OEX Dec 920 put options	Purchase	10-15-97	$1,001 - $15,000
	OEX Dec 460 put options (post split)	Sold	11-26-97	$1,001 - $15,000
	Informix corp Jan 2000 call options-strike 10	Purchase	12-15-97	$1,001 - $15,000
	Informix corp Jan 1999 call options-strike 5	Purchase	12-30-97	$1,001 - $15,000
	Xoma Corp common stock	Purchase	12-31-97	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The American Forum	Jan. 27-28	Orlando-Miami-Orlando	Y	Y	N	No
National Association of Broadcasters TV & Radio PAC (TARPAC)	Feb. 14-15	Orlando-Miami-Tampa-Orlando	Y	Y	N	No
Professional Bail Agents of the United States	Feb. 16-21	Orlando-Las Vegas-Orlando	Y	Y	N	4 days
The Aspen Institute	Mar. 7-9	Washington, D.C. - Hershey, PA - Washington, D.C.	Y	Y	Y	No
Congressional Study Group on Germany	Mar 23-31	Orlando - Bad Muenstereifel - Bonn - Frankfurt - Orlando	Y	Y	Y	4 days
The Bankers Roundtable	Apr. 4-5	San Juan-Miami-Naples-Orlando	Y	Y	N	No
Nixon Center for Peace and Freedom	May 8-9	Washington, D.C. - Queen Anne's County, MD - Washington, D.C.	Y	Y	N	No
National Association of Independent Insurers	May 27-28	Orlando - Fort Lauderdale - Orlando	Y	Y	N	No
American Financial Services Association	Oct. 5-6	Orlando - New Orleans - Washington, D.C.	Y	Y	N	No
The American Israel Public Affairs Committee (AIPAC)	Nov. 2	Orlando - Fort Lauderdale	Y	Y	N	No
Texas Conservative Forum	Nov. 17	Orlando-Houston-Orlando	N	Y	N	No
The Sugar Industry of Cuba Institute	Dec. 13	Orlando-Miami-Orlando	N	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	Bill McCollum Intern Program, Inc. (non profit for high school students)
President	Committee on Limiting Terms, Inc. (non profit educational)
President	Committee on Limiting Terms Lobby, Inc. (non profit educational)

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
01-03-81	Eubanks, Hilyard, et al, P.A.	There is no formal written agreement, but my former law firm and its successor (names in "Parties To") have allowed me to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share proportionately in the
01-03-81	Eubanks, Hilyard, et al, P.A. (continued)	earnings of the plan.

LEGISLATIVE RESOURCE CENTER
98 MAY 14 AM 11:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

MC HAND DELIVERED
(Office Use Only)

2409

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

James O. McCrery, III
(Full Name)

2404 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202.225.2777

Filer Status				
Report Type	[X] Member of the U.S. House of Representatives	State: LA District: 04	[ ] Officer or Employee	Employing Office:
	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL — Jim McCrery, M.C.

DATE (Month/Day/Year) — 5/14/98

Name James O. McCrery, III | Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Louisiana State University-Shreveport	Spouse Salary	NA
	Bossier Parish School Board	Spouse Salary	NA
	State of Maryland	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT				
Examples SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	IRA, Commercial National Bank, Shreveport, Louisiana	$15,001 - $50,000	NA	None	NA
	Land, Rapides Parish, Louisiana (A 1/6 undivided interest in approximately 62 acres.)	$1,001 - $15,000	Capital Gains	$2,501 - $5,000	S
	Land, Vernon Parish, (An undivided 1/2 interest in approximately 36 acres including residence and 12 unit apartment complex.)	$100,001 - $250,000	NA	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Land, DeSoto Parish, Louisiana (An undivided interest in approximately 160 acres.)	$1,001 - $15,000	NA	None	NA
	Money Market Account, Commercial National Bank, Shreveport, Louisiana	$1,001 - $15,000	Dividends	$201 - $1,000	
	Fidelity Advisor Growth Opportunity Mutual Fund, Commerical National Bank, Shreveport, Louisiana	$1,001 - $15,000	Dividends (None -$200) and Capital Gains (None - $200)	$1 - $200	
	Fidelity Advisor Equity Growth Mutual Fund, Commercial National Bank, Shreveport, Louisiana	$1,001 - $15,000	Dividends (None-$200) and Capital Gains (None - $200)	$1 - $200	
	Templeton FDS Inc., Mutual Fund, Commerical National Bank, Shreveport, Lousiana	$1,001 - $15,000	Dividends (None- $200) and Capital Gains (None- $200)	$1 - $200	
	GAM FES Inc., International Mutual Fund, Commercial National Bank, Shreveport, Louisiana	$1,001 - $15,000	Dividends (None - $200) and Capital Gains (None - $200)	$1 - $200	
	10745 Longfellow Trace, Shreveport, Louisiana	$100,001 - $250,000	Rent	$5,001 - $15,000	

2412

Name James O. McCrery, III | Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Timber, Rapides Parish, Louisiana	Sold	January 6, 1997	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Corning Public Policy Conference	10/31/97 - 11/02/97	Washington, DC - Augusta, GA - Washington, DC	Y	Y	N	No
Invest to Compete Alliance	7/3/97 - 7/6/97	Washington, DC - Cape Cod, MA - Washington, DC	Y	Y	Y	No

178

98 MAY 15 PM 3:27

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

9

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Joseph Michael McDade
(Full Name)

2107 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-3731

Filer Status	[x] Member of the U.S. House of Representatives	State: PA District: 10th	[ ] Officer or Employee — Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[x]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[x]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[xx]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Legal Defense Fund Report	[x]	[ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[x]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[x]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joseph M. McDade

DATE (Month/Day/Year): 5/14/98

2415

Name Joseph Michael McDade

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction: P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indelinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
SP	Fortune Brands (formerly Amer Brands)			X										X								X										
SP	Bristol Myers Squibb			X										X								X										P
SP	Chrysler Corp.			X										X								X										
SP	Coca Cola			X										X								X										
SP	General Motors			X										X								X										
SP	WD-40			X										X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Lucent			X										X								X										
SP	AT&T			X										X								X										
SP	Gallaher Am. Depository shares. Acquired in spin off from America Brands when it became Fortune			X										X								X										Spin-off
SP	Vanguard Windsor II Mutual Fund (IRA)			X										X			X				na											
JT	Vanguard Wellesley Inc. Mutual Fund							X						X			X									X						
JT	Vanguard Fixed Income Securities Short-Term Corporate Mutal Fund						X							X			X								X							
JT	Vanguard Specialized Healthcare Portfolio Mutual Fund			X										X			X						X									
	The Torray Fund (mutualfnd) (IRA)				X									X			X				na											P
	Fidelity Spartan Lmtd. Maturity Mutual Fund (IRA)													X			X				na											S
	Lindner Dividend Fund (IRA)				X									X			X				na											
	Fidelity Growth & Income Mutual Fund (IRA)						X							X			X				na											
	Fidelity Equity Income II Mutual Fund (IRA)													X			X				na											S

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
	Fidelity Low-Priced Stock Mutual Fund (IRA)	F	DIVIDENDS, CAPITAL GAINS	I	P
JT	2 Westridge Road Cooperstown, NY (house)	G	RENT	VI	
JT	307 Clark Ave. Clarks Summit, PA (half home-half rented	F	RENT	VI	
	Land-Avoca PA 2-2-350	C	RENT	VII	
	Land-DuPont PA 15-1002				
	Mortg. on land Luzerne County, PA	(a) F (a)		(a)	
	Billboard on above	(b)	(b)	(b)	
	RE: ABOVE LISTING: THERE IS NO INCOME FROM MORTGAGE. THE INCOME IS FROM BILLBOARD ON MORTGAGED LAND.				
	Paris Business Forms	C	DIVIDENDS	I	
**	Dean Witter Dividend Growth B Mutual F. (IRA)	C	DIVIDENDS	I	
	** (accidentally omitted from 95 & '96 reports				
SP	Wright Patman F.C.U.	C	INTEREST	III	

This page may be copied if more space is required.

2418

Name Joseph Michael McDade | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
SP	Purchased additional Bristol Myers	x			3-4-97	x									
	The Torray Fund (mutual) (IRA) rollover	x			6/9/97		x								
	Fidelity Spartan Limited Maturity Mutual Fund (IRA)		x		4/14/97		x								
	Fidelity Equity Income II Rollover Mutual Fund IRA		x		9/16/97				x						
	Fidelity Low-Priced Stock Mutual Fund rollover IRA	x			9/16/97				x						
SP	Gallaher Group American Deposity Shares	Acquired as a spin-off from American Brands			5/30/97	x									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	PNC Bank, NATIONAL Association Scranton PA	Equity Loan on 307 Clark Ave.,Clarks Summit, PA		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

2420

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Kennedy Center for the Performing Arts (uncompensated)
"	Keystone Junior College, LaPlume, Pennsylvania (uncompensated)
"	Guthrie Healthcare Systems, Sayre, PA (uncompensated)
"	Fords' Theatre (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

Page 8 of 8

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT — JUNE 30, 1997 — 1997 DEPOSIT SCHEDULE

CHECK DATE		NAME	STREET ADDRESS	CITY, STATE	ZIP CODE		CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
01/15/97	OD	COATES, JANE R.	1927 DUFFIELD LANE	ALEXANDRIA, VA	20035		100.00		
01/08/97	L	POCAL INDUSTRIES, INC	100 ELECTRIC ST.	SCRANTON, PA	18509		5000.00	5100.00	02/28/97
02/28/97	OD	MAGLIOCCHETTI, NANCY	10203 WOODVALE POND DR	FAIRFAX STATION, VA	22039		5000.00		
02/20/97	OD	CHAMBERLAIN MANUFACTURING CORP	845 LARCH AVE.	ELMHURST IL	60126		5000.00		
02/25/97	OD	SORRENTO ELECTRONICS	P.O BOX 269025	SAN DIEGO, CA	92196		5000.00	15000.00	03/18/97
03/19/97	OD	AAI CORPORATION		HUNT VALLEY, MD			1000.00	1000.00	04/30/97
06/20/97	B	HOUSER, GEORGE & LINDA	RR#2, BOX 376	ROME, PA	18837		500.00	500.00	06/26/97
		TOTALS							

January 1 - June 30, 1997

In kind Services:
Robert Kelly & Co. accounting and legal, Suite 500, Scranton Electric Bldg. Scranton Pa 18503 $3000.

98 MAY 14 PM 3:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Amendment to +96+97

May 14, 1998

The Honorable James Hansen
Chairman
Committee on Standards of Official Conduct
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman,

Yesterday while typing my husband Joseph McDade's Financial Disclosure Statement, I realized I had inadvertently omitted one of his IRAs from the 1996 and 1997 reports, even though he still has it and had it prior to those years and had reported it since its inception.

The IRA is Dean Witter's Dividend Growth B Fund. The Value of the Asset is Category C and it earns dividends and capital gains. It has had the same asset value category since he first reported it.

The omission of this IRA was an oversight. I have been preparing these statements since approximately 1991, and I think a modification of how I reported assets in the 1996 Report created the oversight. I regret this error.

Sincerely,

Sarah S. McDade

Sarah S. McDade
(Mrs. Joseph McDade)

RECEIVED
98 MAY 15 PM 3:28
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Amendment to HAND DELIVERED 97

197

May 14, 1998

The Honorable James Hansen
Chairman
Committee on Standards of Official Conduct
House of Representatives
Washington, D.C. 20515

(9) MC

Dear Mr. Chairman,

Yesterday while typing my husband Joseph McDade's Financial Disclosure Statement, I realized I had inadvertently omitted one of his IRAs from the 1996 and 1997 reports, even though he still has it and had it prior to those years and had reported it since its inception.

The IRA is Dean Witter's Dividend Growth B Fund. The Value of the Asset is Category C and it earns dividends and capital gains. It has had the same asset value category since he first reported it.

The omission of this IRA was an oversight. I have been preparing these statements since approximately 1991, and I think a modification of how I reported assets in the 1996 Report created the oversight. I regret this error.

Sincerely,

Sarah S. McDade

Sarah S. McDade
(Mrs. Joseph McDade)

RECEIVED ... 1/78

98 MAY 15 PM 3:28

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Joseph Michael McDade
(Full Name)

2107 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone 202-225-3731

HAND DELIVERED
(Office Use Only)

Filer Status	[x] Member of the U.S. House of Representatives	State: PA District: 10th	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Legal Defense Fund Report	Yes [x]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/14/98

2425

Name Joseph Michael McDade

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 - $1,000	C $1,001 - $15,000	$15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
SP	Fortune Brands (formerly Amer. Brands)			X										X								X										
SP	Bristol Myers Squibb			X										X								X										P
SP	Chrysler Corp.			X										X								X										
SP	Coca Cola			X										X								X										
SP	General Motors			X										X								X										
SP	WD-40			X										X										X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Lucent			x										x								x										
SP	AT&T			x										x								x										
SP	Gallaher Am.Depository shares.Acquired in spin off from America Brands when it became Fortune			x										x								x										Spin-off
SP	Vanguard Windsor II Mutual Fund (IRA)			x										x			x				na											
JT	Vanguard Wellesley Inc. Mutual Fund							x						x			x										x					
JT	Vanguard Fixed Income Securities Short-Term Corporate Mutal Fund						x							x			x									x						
JT	Vanguard Specialized Healthcare Portfolio Mutual Fund (mutualfnd)			x										x			x						x									
	The Torray Fund (IRA)				x									x			x				na											p
	Fidelity Spartan Lmtd. Maturity Mutual Fund (IRA)													x			x				na											s
	Lindner Dividend Fund (IRA)				x									x			x				na											
	Fidelity Growth &Income Mutual Fund (IRA)						x							x			x				na											
	Fidelity Equity Income II Mutual Fund (IRA)													x			x				na											s

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Fidelity Low-Priced Stock Mutual Fund (IRA)	F	DIVIDENDS; CAPITAL GAINS	I	P
JT	2 Westridge Road Cooperstown, NY (house)	G	RENT	VI	
JT	307 Clark Ave. Clarks Summit, PA (half home-half rented)	F	RENT	VI	
	Land-Avoca PA 2-2-350	C	RENT	V	
	Land-DuPont PA 15-1002		RENT		
	Mortg. on land, Luzerne County, PA	(a) F (a)		(a)	
	Billboard on above	(b)	(b)	VII (b)	
	Re: above listing: there is no income from mortgage. The income is from billboard on mortgaged land.				
	Paris Business Forms	C	DIVIDENDS	I	
**	Dean Witter Dividend Growth B Mutual F. (IRA)	C	DIVIDENDS	I	
	** (accidentally omitted from 95 & '96 reports				
SP	Wright Patman F.C.U.	C	INTEREST	III	

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Joseph Michael McDade

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
SP	Purchased additional Bristol Myers	x			3-4-97	x									
	The Torray Fund (mutual) (IRA) rollover	x			6/9/97		x								
	Fidelity Spartan Limited Maturity Mutual Fund (IRA)		x		4/14/97		x								
	Fidelity Equity Income II Rollover Mutual Fund IRA		x		9/16/97				x						
	Fidelity Low-Pri ced Stock Mutual Fund rollover IRA	x			9/16/97				x						
SP	Gallaher Group American Deposity Shares	Acquired as a spinoff from American Brands			5/30/97	x									

This page may be copied if more space is required.

Name Joseph Michael McDade | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	PNC Bank, NATIONAL Association Scranton PA	Equity Loan on 307 Clark Ave.,Clarks Summit, PA		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Kennedy Center for the Performing Arts (uncompensated)
"	Keystone Junior College, LaPlume, Pennsylvania (uncompensated)
"	Guthrie Healthcare Systems, Sayre, PA (uncompensated)
"	Fords' Theatre (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1998 46-290 (mac)

Use additional sheets if more space is required.

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT — JUNE 30, 1997 — 1997 DEPOSIT SCHEDULE

Page 7 of 8

CHECK DATE		NAME	STREET ADDRESS	CITY, STATE	ZIP CODE		CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
01/16/97	OD	COATES, JANE R.	1927 DUFFIELD LANE	ALEXANDRIA, VA	22338		100.00		
01/09/97	L	FOCAL INDUSTRIES, INC.	100 ELECTRIC ST.	SCRANTON, PA	18509		5000.00	5100.00	02/28/97
02/28/97	OD	MAGLIOCCHETTI, NANCY	10523 WOODVALE POND DR.	FAIRFAX STATION, VA	22039		5000.00		
02/24/97	OD	CHAMBERLAIN MANUFACTURING CORP.	840 LARCH AVE.	ELMHURST, IL	60126		5000.00		
02/25/97	OD	SORRENTO ELECTRONICS	P.O.BOX 2[illegible]	SAN DIEGO, CA	92199		5000.00	15000.00	03/10/97
03/19/97	OD	AM CORPORATION		HUNT VALLEY, MD			1000.00	1000.00	04/30/97
06/30/97	B	HOUSER, GEORGE & LINDA	RR#2, BOX 376	ROME, PA	18837		500.00	500.00	06/30/97
		"TOTALS"							

January 1 - June 30, 1997

In kind Services:
Robert Kelly & Co. accounting and legal, Suite 500, Scranton Electric Bldg. Scranton Pa 18503 $3000.

2433

99 MAY 15 PM 4:04

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only) (33)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

James A. McDermott
(Full Name)

1820 9th Avenue West
(Mailing Address)

Seattle WA 98119

Daytime Telephone: 206-553-7170

Filer Status	[X] Member of the U.S. House of Representatives	State: WA District: 07	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL — Jim McDermott

DATE (Month/Day/Year) — 14 May 98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
Examples:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
sp	Soha & Lang, Attorneys at Law	Salary	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, *Examples* JT	SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	State of Washington Deferred Compensation Program	$15,001 - $50,000	Interest	$201 - $1,000	
	State of Washington Retirement Account	$15,001 - $50,000	Interest	$1,001 - $2,500	
	TIAA/CREF Annuity	$15,001 - $50,000	Interest	None - $200	
	Fidelity Bankers Life Annuity	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Soha & Lang, P.S. 401(k) Retirement Plan	$1,001 - $15,000	Interest	None - $200	N/
	Carlyle Real Estate Limited Partnership XII	None - $1,000	Dividends	None - $200	S
	Carlyle Real Estate Limited Partnership XIII	$1,001 - $15,000	Dividends	None - $200	
SP	Columbia Funds Investment Account	$1,001 - $15,000	Capital Gains	None - $200	
SP	Aiken, St. Louis & Siljeg, P.S. Profit Sharing Plan	$15,001 - $50,000	Capital Gains	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Aiken, St. Louis & Siljeg, P.S. 401(k) Retirement Plan	$15,001 - $50,000	Dividends	$5,001 - $15,000	
	ALL OTHER REPORTABLE ASSETS ARE NOTED ON THE ATTACHED PORTFOLIO SUMMARY, pages 4a-l)				

SALOMON SMITH BARNEY
A Member of Travelers Group

REF: 00004378 00019989 297365AP01 FCC00443

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997 NAME SORT:MCDERMOTT JAMES A

4a

ACCOUNT NUMBER 443-65136-10 130

xxx JAMES A MCDERMOTT
SMITH BARNEY INC ROLLOVER CUST
710 9TH ST SE
WASHINGTON DC 20003-2804

CLIENT HOME PHONE: 202 546 0803
CLIENT BUS. PHONE: 202 225 3106
CLIENT DATE OF BIRTH: 12/28/36

YOUR BROKER/DEALER IS
SMITH BARNEY INC
YOUR FINANCIAL CONSULTANT

WILLIAM L DONNELLY
TWO UNION SQUARE
601 UNION ST STE3400
SEATTLE, WA 98101
206-628-4400

MTD CONV:	$ 0.00	YTD CONV:	$ 1,378.35
MTD FEES:	$ 0.00	YTD FEES:	$ 1,378.35

ACCOUNT VALUE

	LAST PERIOD	THIS PERIOD	%
MONEY FUNDS	$ 6,791.74	$ 4,106.50	5.03
COMMON STOCKS & OPTIONS	75,919.10	77,553.24	94.97
NET VALUE	$ 80,710.84	$ 81,659.74	100
FAIR MARKET VALUE 12/31/97		$ 81,659.74	

EARNINGS SUMMARY

	THIS PERIOD	THIS YEAR
DIVIDENDS	$ 1.56	$ 258.53
MONEY FUNDS EARNINGS	10.30	237.10
TOTAL	$ 11.86	$ 495.63

GAIN/LOSS SUMMARY

	THIS PERIOD	THIS YEAR
REALIZED GAIN OR (LOSS)	$ 0.00	$ 0.00 LT $ 981.57 MT $ 2,566.67 ST
UNREALIZED GAIN OR (LOSS)	12,423.51	NOT APPLICABLE

SALOMON SMITH BARNEY IS A SERVICE MARK OF SMITH BARNEY INC. SMITH BARNEY INC AND SALOMON BROTHERS INC ARE AFFILIATED BUT SEPARATELY REGISTERED BROKER/DEALERS UNDER COMMON CONTROL OF SALOMON SMITH BARNEY HOLDINGS INC. SALOMON BROTHERS INC AND SALOMON SMITH BARNEY HOLDINGS INC HAVE BEEN LICENSED TO USE THE SALOMON SMITH BARNEY SERVICE MARK.

SALOMON SMITH BARNEY
A Member of Travelers Group

REF: 00004378 00019990 297365AP01 FCC00443

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997 xxx JAMES A MCDERMOTT

ACCOUNT NUMBER 443-65136-10 130

CASH AND MONEY FUNDS BALANCE

	THIS PERIOD	THIS YEAR
OPENING BALANCE	$ 6,791.74	
SECURITIES BOUGHT AND OTHER SUBTRACTIONS	-2,723.58	
SECURITIES SOLD AND OTHER ADDITIONS	26.48	
DEPOSITS	0.00	62.50
WITHDRAWALS	0.00	-1,378.35
DIVIDENDS CREDITED	1.56	
MONEY FUNDS EARNINGS CREDITED	10.30	
CLOSING BALANCE	$ 4,106.50	

PORTFOLIO SUMMARY

	THIS PERIOD	YEAR-TO-DATE
OPENING VALUE OF SECURITIES	80,710.84	76,605.75
+ OPENING CASH BALANCE	0.00	0.00
= OPENING PORTFOLIO BALANCE	80,710.84	76,605.75
SECURITIES DEPOSITED/WITHDRAWN NET	0.00	0.00
CAPITAL DEPOSITED/WITHDRAWN NET	0.00	-1,315.85
ADJUSTED OPENING VALUE	80,710.84	75,287.90
CLOSING VALUE OF SECURITIES	81,659.74	81,659.74
+ CLOSING CASH BALANCE	0.00	0.00
= CLOSING PORTFOLIO VALUE	81,659.74	81,659.74

NOTE: SECURITIES DEPOSITED/WITHDRAWN NET = THE VALUE OF SECURITIES ON THE DAY THEY WERE DEBITED FROM OR CREDITED TO THE ACCOUNT AS REFLECTED IN THE "OTHER SECURITY ACTIVITY" SECTION.
CAPITAL DEPOSITED/WITHDRAWN NET = CASH WITHDRAWALS AND DEPOSITS, GOLD CARD PAYMENTS, FRA MONEY CARD ACTIVITY, CHECKS WRITTEN, AND MONEY FUNDS/INSURED CASH DEPOSIT TRANSFERS.

IRA ACTIVITY SUMMARY

FOR YOUR CONVENIENCE THE SMITH BARNEY STATEMENT TRACKS YOUR DEDUCTIBLE AND NON-DEDUCTIBLE IRA CONTRIBUTIONS BASED UPON INFORMATION YOU PROVIDED TO YOUR FINANCIAL CONSULTANT. HOWEVER, SMITH BARNEY REPORTS TO THE IRS ONLY THE TOTAL AMOUNT YOU CONTRIBUTE TO YOUR IRA THIS YEAR.

	1997	1996
ROLLOVERS AND TRANSFERS TRANSFERS INTO YOUR IRA (DOES NOT INCLUDE VALUE OF DIR. INVSMTS)	$ 62.50	$ 78,078.75

PRIMARY BENEFICIARIES

CONTACT YOUR FINANCIAL CONSULTANT FOR THE APPROPRIATE DOCUMENTATION TO CHANGE OR UPDATE YOUR BENEFICIARY INFORMATION.

JAMES A C MCDERMOTT

KATHERINE E MCDERMOTT

SALOMON SMITH BARNEY
A Member of Travelers Group

REF: 00004378 00019991 297365AP01 FCC00443

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 3 OF 6

NEW JAMES A MCDERMOTT

46

ACCOUNT NUMBER 443-65136-10 130

PORTFOLIO DETAILS

THE VALUES OF YOUR HOLDINGS ARE AS OF 12/31/97. PLEASE NOTE, UNREALIZED GAIN/(LOSS) IS BEING PREPARED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED FOR TAX PREPARATION WITHOUT THE ASSISTANCE OF YOUR TAX ADVISOR.

MONEY FUNDS

NUMBER OF SHARES	DESCRIPTION	CURRENT VALUE	ACCRUED DIVIDENDS	ANNUALIZED % YIELD/ANTICIPATED INCOME (ANNUALIZED)
4,106.50	DREYFUS LIQUID ASSETS INC	$ 4,106.50		5.012 $ 205.75
TOTAL MONEY FUNDS		$ 4,106.50	$ 0.00	5.00 $ 205.75

COMMON STOCKS & OPTIONS

QUANTITY	DESCRIPTION	DATE ACQUIRED	COST	SHARE COST	CURRENT SHARE PRICE	CURRENT VALUE	UNREALIZED GAIN/(LOSS)		AVERAGE % YIELD/ANTICIPATED INCOME (ANNUALIZED)
150	AMERICAN EXPRESS CO SYMBOL: AXP/RATING: B+	03/12/96	$ 6,702.65	$ 44.624	$ 89.25	$ 13,587.50	$ 6,684.85*	LT	1.0082 $ 135.00
66	ANGEN INC SYMBOL: AMGN/RATING: B RESEARCH RATING:1/H	01/09/97	3,828.00	58.00	54.125	3,572.25	(255.75)	ST	
57	ASCEND COMMUNICATIONS INC SYMBOL: ASND	01/10/97	3,783.38	66.375	24.50	1,396.50	(2,386.88)	ST	
6	RESEARCH RATING:3/H	02/12/97	372.75	62.125	24.50	147.00	(225.75)	ST	
13		05/01/97	606.18	46.629	24.50	318.50	(287.68)	ST	
56		10/09/97	1,885.78	33.639	24.50	1,372.00	(511.78)	ST	
132			6,646.09	50.349		3,234.00	(3,412.09)		
84	BARNES & NOBLE INC SYMBOL: BKS RESEARCH RATING:1/H	10/24/97	1,786.42	27.912	33.375	2,136.00	349.58	ST	
82.0895	CISCO SYS INC SYMBOL: CSCO/RATING: B+	01/10/97	3,721.39	45.333	55.75	4,576.69	855.10	ST	
2.985	RESEARCH RATING:1/H	02/05/97	125.37	42.00	55.75	166.41	41.04	ST	
14.9255		05/01/97	524.88	35.166	55.75	832.10	307.22	ST	
100			4,371.64	43.716		5,575.00	1,203.36		

SALOMON SMITH BARNEY
A Member of Travelers Group

REF: 00004378 00019992 297365AP01 FCC00443

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 4 OF 6

NEW JAMES A MCDERMOTT

ACCOUNT NUMBER 443-65136-10 130

COMMON STOCKS & OPTIONS - CONTINUED

QUANTITY	DESCRIPTION	DATE ACQUIRED	COST	SHARE COST	CURRENT SHARE PRICE	CURRENT VALUE	UNREALIZED GAIN/(LOSS)		AVERAGE % YIELD/ANTICIPATED INCOME (ANNUALIZED)
27	DELL COMPUTER CORP SYMBOL: DELL/RATING: B RESEARCH RATING:2/H	07/28/97	$ 2,118.39	$ 78.459	$ 84.00	$ 2,268.00	$ 149.61	ST	
12		12/19/97	929.20	77.433	84.00	1,008.00	78.80	ST	
39			3,047.59	78.143		3,276.00	228.41		
60	H B O & CO SYMBOL: HBOC/RATING: B RESEARCH RATING:1/H	01/10/97	2,103.75	35.062	48.00	2,880.00	776.25	ST	
16		01/27/97	492.72	30.795	48.00	768.00	275.28	ST	
76			2,596.47	34.164		3,648.00	1,051.53		.166 6.08
52	INTEL CORP SYMBOL: INTC/RATING: B+ RESEARCH RATING:1/H	01/10/97	3,714.75	71.437	70.25	3,653.00	(61.75)	ST	.17 6.24
68	MEDTRONIC INC SYMBOL: MDT/RATING: A+ RESEARCH RATING:1/H	01/10/97	2,397.00	35.25	52.50	3,570.00	1,173.00	ST	.419 14.96
38	MICROSOFT CORP SYMBOL: MSFT/RATING: B+ RESEARCH RATING:1/H	01/30/97	3,781.00	99.50	129.25	4,911.50	1,130.50	ST	
92	ORACLE CORP SYMBOL: ORCL/RATING: B RESEARCH RATING:3/H	01/10/97	2,537.67	27.684	22.313	2,052.80	(484.87)	ST	
115	PAYCHEX INC SYMBOL: PAYX/RATING: A RESEARCH RATING:1/H	01/10/97	3,785.42	33.059	50.625	5,821.88	2,036.46	ST	.711 41.40
174	STAPLES INC SYMBOL: SPLS/RATING: B RESEARCH RATING:1/H	01/10/97	3,480.00	20.00	27.75	4,828.50	1,348.50	ST	
103	STARBUCKS CORP SYMBOL: SBUX RESEARCH RATING:3/H	01/10/97	3,167.25	30.75	38.375	3,952.63	785.38	ST	
107	STRYKER CORP SYMBOL: SYK/RATING: A- RESEARCH RATING:2/H	01/10/97	3,317.00	31.00	37.25	3,985.75	668.75	ST	1.
74	3 COM CORP SYMBOL: COMS/RATING: B- RESEARCH RATING:2/H	01/10/97	3,086.86	41.714	34.958	2,585.41	(501.45)	ST	

SALOMON SMITH BARNEY
A Member of Travelers Group

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 5 OF 6

4c

REF: 00004578 00019993 297365AP01 FCC00443

NEW JAMES A MCDERMOTT

ACCOUNT NUMBER 443-65136-10 130

COMMON STOCKS & OPTIONS - CONTINUED

QUANTITY	DESCRIPTION	DATE ACQUIRED	COST	SHARE COST	CURRENT SHARE PRICE	CURRENT VALUE	UNREALIZED GAIN/(LOSS)		AVERAGE % YIELD/ANTICIPAT INCOME (ANNUAL)
46	UNITED STATES FILTER CORP NEW SYMBOL: USF/RATING: B- RESEARCH RATING:1/M	11/07/97	$ 1,517.77	$ 52.995	$ 29.938	$ 1,377.15	($ 140.62)	ST	
55		12/03/97	1,794.38	32.625	29.938	1,646.59	(147.79)	ST	
101			3,312.15	32.794		3,023.74	(288.41)		
68	WASHINGTON MUTUAL INC SYMBOL: WAMU/RATING: B RESEARCH RATING:2/M	03/14/97	3,571.77	52.526	63.813	4,339.28	767.51	ST	1.755 76.16
TOTAL COMMON STOCKS AND OPTIONS			$ 65,129.73			$ 77,553.24	$ 5,738.66 $ 0.00 $ 6,684.85	ST MT LT	.37 $ 291.61
TOTAL PORTFOLIO VALUE			$ 69,236.23			$ 81,659.74	$ 5,738.66 $ 0.00 $ 6,684.85	ST MT LT	.60 $ 497.34

*BASED ON INFORMATION SUPPLIED BY CLIENT, NOT VERIFIED BY SMITH BARNEY.

TRANSACTION DETAILS

INVESTMENT ACTIVITY

DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT
12/08/97	BOUGHT	UNITED STATES FILTER CORP NEW	55	$ 32.625	$ -1,794.38
12/22/97	STK SPLIT	CISCO SYS INC STK SPLIT ON 67 SHS	55		0.00
12/24/97	BOUGHT	DELL COMPUTER CORP SMITH BARNEY IS A MARKET MAKER	12	77.433	-929.20
12/29/97	CASHINLIEU	CISCO SYS INC CASH IN LIEU OF .50000			26.48
TOTAL SECURITIES BOUGHT AND OTHER SUBTRACTIONS					$ -2,723.58
TOTAL SECURITIES SOLD AND OTHER ADDITIONS					$ 26.48

MONEY FUNDS ACTIVITY

OPENING MONEY FUNDS BALANCE $ 6,791.74 ALL TRANSACTIONS ARE TRADED AT $1.00 PER SHARE.

DATE	ACTIVITY	DESCRIPTION	AMOUNT	DATE	ACTIVITY	DESCRIPTION	AMOUNT
12/02/97	AUTOINVEST	DREYFUS LIQUID ASSETS INC	11.86	12/24/97	REDEMPTION	DREYFUS LIQUID ASSETS INC	-929.20
12/08/97	REDEMPTION	DREYFUS LIQUID ASSETS INC	-1,794.38	12/30/97	AUTOINVEST	DREYFUS LIQUID ASSETS INC	26.48
						CLOSING BALANCE	$ 4,106.50

SALOMON SMITH BARNEY
A Member of Travelers Group

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 6 OF 6

REF: 00004578 00019994 297365AP01 FCC00443

NEW JAMES A MCDERMOTT

ACCOUNT NUMBER 443-65136-10 130

EARNINGS DETAILS

THE TAX STATUS OF EARNINGS IS RELIABLE TO THE BEST OF OUR KNOWLEDGE. TAXABLE AND NON-TAXABLE DESIGNATIONS REFER TO THE FEDERAL INCOME TAX STATUS OF YOUR SECURITIES, NOT OF YOUR ACCOUNT.

DIVIDENDS

DATE	DESCRIPTION	COMMENT	TAXABLE	NON-TAXABLE	AMOUNT
12/01/97	INTEL CORP	CASH DIV ON 52.0000 SHS	$ 1.56		$ 1.56
TOTAL DIVIDENDS EARNED			$ 1.56	$ 0.00	$ 1.56

MONEY FUNDS EARNINGS

DATE	DESCRIPTION	COMMENT	TAXABLE	NON-TAXABLE	AMOUNT
12/01/97	DREYFUS LIQUID ASSETS INC	CASH RTV RECORD 11/30/97 PAY 11/30/97	$ 10.30		$ 10.30
TOTAL EARNINGS FROM MONEY FUNDS			$ 10.30	$ 0.00	$ 10.30

MESSAGE:PLEASE NOTE THAT SMITH BARNEY IS REQUIRED BY LAW TO REPORT THE DECEMBER 31, 1997, FAIR MARKET VALUE OF THIS ACCOUNT TO THE INTERNAL REVENUE SERVICE. SMITH BARNEY WILL FORWARD THIS INFORMATION TO THE IRS ON OR BEFORE MAY 31, 1998 ON IRS FORM 5498.

YOUR SMITH BARNEY PERFORMANCE MONITOR, REVIEWING YOUR MANAGED ACCOUNT, IS NORMALLY AVAILABLE WITHIN 30 DAYS OF THE END OF THE QUARTER. THIS MONITOR INCLUDES A DESCRIPTION OF YOUR PORTFOLIO RETURNS, AN ASSET ALLOCATION SUMMARY AND OTHER DETAILS CONCERNING YOUR INVESTMENTS. FOR FURTHER INFORMATION ON THE MONITOR, PLEASE CONTACT YOUR FINANCIAL CONSULTANT.

SALOMON SMITH BARNEY
A Member of Travelers Group

REF: 00004579 00019995 297365AP01 FCC00443

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997 NAME SORT:MCDERMOTT JAMES A

PAGE 1 OF 6

4d

ACCOUNT NUMBER 443-65137-19 130

*** JAMES A MCDERMOTT
SMITH BARNEY INC IRA CUSTODIAN
710 9TH ST SE
WASHINGTON DC 20003-2804

CLIENT HOME PHONE: 202 546 0803
CLIENT BUS. PHONE: 202 225 5106
CLIENT DATE OF BIRTH: 12/28/56

YOUR BROKER/DEALER IS
SMITH BARNEY INC
YOUR FINANCIAL CONSULTANT

WILLIAM L DONNELLY
TWO UNION SQUARE
601 UNION ST STE3400
SEATTLE, WA 98101
206-628-4400

MTD COMM: $ 0.00 YTD COMM: $ 1,462.16
MTD FEES: $ 0.00 YTD FEES: $ 1,462.16

ACCOUNT VALUE

	LAST PERIOD	THIS PERIOD	%
MONEY FUNDS	$ 10,757.02	$ 7,780.96	9.03
COMMON STOCKS & OPTIONS	75,178.17	78,402.90	90.97
NET VALUE	$ 85,915.19	$ 86,183.86	100
FAIR MARKET VALUE 12/31/97		$ 86,183.86	

EARNINGS SUMMARY

	THIS PERIOD	THIS YEAR
ACCRUED INTEREST RECEIVED	$ 0.00	$ 529.58
DIVIDENDS	1.68	393.79
MONEY FUNDS EARNINGS	24.72	142.59
TOTAL	$ 26.40	$ 1,065.96

GAIN/LOSS SUMMARY

	THIS PERIOD	THIS YEAR
ORIGINAL REALIZED GAIN OR (LOSS)	$ 0.00	$ 5,402.95 LT
		$ 6,660.37 MT
		($ 3,271.77)ST
ADJUSTED REALIZED GAIN OR (LOSS)	0.00	5,402.95 LT
		7,020.82 MT
		(3,271.77)ST
CAPITAL GAIN OR (LOSS) (REALIZED)	0.00	9,152.00
UNREALIZED GAIN OR (LOSS)	13,039.06	NOT APPLICABLE

SALOMON SMITH BARNEY HAS A SERVICE MARK OF SMITH BARNEY INC. SMITH BARNEY INC AND SALOMON BROTHERS INC ARE AFFILIATED BUT SEPARATELY REGISTERED BROKER/DEALERS UNDER COMMON CONTROL OF SALOMON SMITH BARNEY HOLDINGS INC. SALOMON BROTHERS INC AND SALOMON SMITH BARNEY HOLDINGS INC HAVE BEEN LICENSED TO USE THE SALOMON SMITH BARNEY SERVICE MARK.

SALOMON SMITH BARNEY
A Member of Travelers Group

REF: 00004579 00019996 297365AP01 FCC00443

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997 *** JAMES A MCDERMOTT

PAGE 2 OF 6

ACCOUNT NUMBER 443-65137-19 130

CASH AND MONEY FUNDS BALANCE

	THIS PERIOD	THIS YEAR
OPENING BALANCE	$ 10,757.02	
SECURITIES BOUGHT AND OTHER SUBTRACTIONS	-3,008.94	
SECURITIES SOLD AND OTHER ADDITIONS	26.68	
DEPOSITS	0.00	138.00
WITHDRAWALS	0.00	-1,462.16
DIVIDENDS CREDITED	1.68	
MONEY FUNDS EARNINGS CREDITED	24.72	
CLOSING BALANCE	$ 7,780.96	

PORTFOLIO SUMMARY

	THIS PERIOD	YEAR-TO-DATE
OPENING VALUE OF SECURITIES	85,915.19	83,357.55
+ OPENING CASH BALANCE	0.00	0.00
= OPENING PORTFOLIO BALANCE	85,915.19	83,357.55
SECURITIES DEPOSITED/WITHDRAWN NET	0.00	0.00
CAPITAL DEPOSITED/WITHDRAWN NET	0.00	-1,524.16
ADJUSTED OPENING VALUE	85,915.19	82,033.39
CLOSING VALUE OF SECURITIES	86,183.86	86,183.86
+ CLOSING CASH BALANCE	0.00	0.00
= CLOSING PORTFOLIO VALUE	86,183.86	86,183.86

NOTE: SECURITIES DEPOSITED/WITHDRAWN NET = THE VALUE OF SECURITIES ON THE DAY THEY WERE DEBITED FROM OR CREDITED TO THE ACCOUNT AS REFLECTED IN THE "OTHER SECURITY ACTIVITY" SECTION.
CAPITAL DEPOSITED/WITHDRAWN NET = CASH WITHDRAWALS AND DEPOSITS, GOLD CARD PAYMENTS, IRA MONEY CARD ACTIVITY, CHECKS WRITTEN, AND MONEY FUNDS/INSURED CASH DEPOSIT TRANSFERS.

IRA ACTIVITY SUMMARY

FOR YOUR CONVENIENCE THE SMITH BARNEY STATEMENT TRACKS YOUR DEDUCTIBLE AND NON-DEDUCTIBLE IRA CONTRIBUTIONS BASED UPON INFORMATION YOU PROVIDED TO YOUR FINANCIAL CONSULTANT. HOWEVER, SMITH BARNEY REPORTS TO THE IRS ONLY THE TOTAL AMOUNT YOU CONTRIBUTE TO YOUR IRA THIS YEAR.

	1997	1996
ROLLOVERS AND TRANSFERS TRANSFERS INTO YOUR IRA (DOES NOT INCLUDE VALUE OF DIR. INVSMTS)	$ 138.00	$ 84,877.55

PRIMARY BENEFICIARIES

CONTACT YOUR FINANCIAL CONSULTANT FOR THE APPROPRIATE DOCUMENTATION TO CHANGE OR UPDATE YOUR BENEFICIARY INFORMATION.

JAMES A MCDERMOTT

KATHERINE E MCDERMOTT

SALOMON SMITH BARNEY
A Member of Travelers Group

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 3 OF 6

4E

REF: 00004579 00019997 297365AP01 FCC0D443

MRS JAMES A MCDERMOTT

ACCOUNT NUMBER 443-65137-19 130

PORTFOLIO DETAILS

THE VALUES OF YOUR HOLDINGS ARE AS OF 12/31/97. PLEASE NOTE, UNREALIZED GAIN/(LOSS) IS BEING PREPARED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED FOR TAX PREPARATION WITHOUT THE ASSISTANCE OF YOUR TAX ADVISOR.

MONEY FUNDS

NUMBER OF SHARES	DESCRIPTION	CURRENT VALUE	ACCRUED DIVIDENDS	ANNUALIZED % YIELD/ANTICIPATED INCOME (ANNUALIZED)
7,780.96	DREYFUS LIQUID ASSETS INC	$ 7,780.96		5.01%
				$ 389.82
TOTAL MONEY FUNDS		$ 7,780.96	$ 0.00	5.00
				$ 389.82

COMMON STOCKS & OPTIONS

QUANTITY	DESCRIPTION	DATE ACQUIRED	COST	SHARE COST	CURRENT SHARE PRICE	CURRENT VALUE	UNREALIZED GAIN/(LOSS)		AVERAGE % YIELD/ANTICIPATED INCOME (ANNUALIZED)
70	AMGEN INC SYMBOL: AMGN/RATING: B RESEARCH RATING:1/H	01/09/97	$ 4,060.00	$ 58.00	$ 54.125	$ 3,788.75	($ 271.25)	ST	
62	ASCEND COMMUNICATIONS INC SYMBOL: ASND RESEARCH RATING:5/H	01/10/97	4,092.00	66.00	24.50	1,519.00	(2,573.00)	ST	
10		03/31/97	403.75	40.375	24.50	245.00	(158.75)	ST	
9		05/01/97	419.66	46.629	24.50	220.50	(199.16)	ST	
57		10/09/97	1,917.42	33.639	24.50	1,396.50	(520.92)	ST	
158			6,832.83	49.513		5,381.00	(5,451.83)		
66	BARNES & NOBLE INC SYMBOL: BKS RESEARCH RATING:1/H	10/24/97	1,842.24	27.912	33.375	2,202.75	360.51	ST	
89.5081	CISCO SYS INC SYMBOL: CSCO/RATING: B+	01/10/97	4,050.25	45.25	55.75	4,990.08	939.83	ST	
1.4919	RESEARCH RATING:1/H	02/05/97	62.66	42.00	55.75	83.17	20.51	ST	
91			4,112.91	45.197		5,073.25	960.34		
28	DELL COMPUTER CORP SYMBOL: DELL/RATING: B	07/28/97	2,196.85	78.459	84.00	2,352.00	155.15	ST	
14	RESEARCH RATING:2/H	12/19/97	1,084.06	77.433	84.00	1,176.00	91.94	ST	
42			3,280.91	78.117		3,528.00	247.09		

SALOMON SMITH BARNEY
A Member of Travelers Group

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 4 OF 6

REF: 00004579 00019998 297365AP01 FCC0D443

MRS JAMES A MCDERMOTT

ACCOUNT NUMBER 443-65137-19 130

COMMON STOCKS & OPTIONS - CONTINUED

QUANTITY	DESCRIPTION	DATE ACQUIRED	COST	SHARE COST	CURRENT SHARE PRICE	CURRENT VALUE	UNREALIZED GAIN/(LOSS)		AVERAGE % YIELD/ANTICIPATED INCOME (ANNUALIZED)
200	FANNIE MAE SYMBOL: FNM/RATING: A RESEARCH RATING:1/H	01/24/95	$ 3,571.75	$ 17.596	$ 57.063	$ 11,412.60	$ 7,840.85*	LT	1.47% $ 166.00
67	M B O & CO SYMBOL: MBOC/RATING: B	01/10/97	2,349.19	35.062	48.00	3,216.00	866.81	ST	
14	RESEARCH RATING:1/H	01/27/97	431.13	30.795	48.00	672.00	240.87	ST	
81			2,780.32	34.325		3,888.00	1,107.68		.166 6.48
56	INTEL CORP SYMBOL: INTC/RATING: B+ RESEARCH RATING:1/H	01/10/97	4,007.50	71.562	70.25	3,934.00	(73.50)	ST	.17 6.72
72	MEDTRONIC INC SYMBOL: MDT/RATING: A+ RESEARCH RATING:1/H	01/10/97	2,533.50	35.187	52.50	3,780.00	1,246.50	ST	.419 15.84
40	MICROSOFT CORP SYMBOL: MSFT/RATING: B+ RESEARCH RATING:1/H	01/30/97	3,980.00	99.50	129.25	5,170.00	1,190.00	ST	
100	ORACLE CORP SYMBOL: ORCL/RATING: B RESEARCH RATING:5/H	01/10/97	2,775.00	27.75	22.313	2,231.30	(543.70)	ST	
124	PAYCHEX INC SYMBOL: PAYX/RATING: A RESEARCH RATING:1/H	01/10/97	4,081.67	33.049	50.625	6,277.50	2,195.83	ST	.711 44.64
181	STAPLES INC SYMBOL: SPLS/RATING: B RESEARCH RATING:1/H	01/10/97	3,642.63	20.125	27.75	5,022.75	1,380.12	ST	
108	STARBUCKS CORP SYMBOL: SBUX RESEARCH RATING:3/H	01/10/97	3,294.00	30.50	38.375	4,144.50	850.50	ST	
112	STRYKER CORP SYMBOL: SYK/RATING: A- RESEARCH RATING:2/H	01/10/97	3,472.00	31.00	37.25	4,172.00	700.00	ST	.295 12.32
79	3 COM CORP SYMBOL: COMS/RATING: B- RESEARCH RATING:2/H	01/10/97	3,295.43	41.714	34.958	2,760.10	(535.33)	ST	

SALOMON SMITH BARNEY
A Member of Travelers Group

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 5 OF 6

4f

REF: 00004379 00019999 Z97365AP01 FCC00443

COMMON STOCKS & OPTIONS - CONTINUED

ACCOUNT NUMBER 443-65137-19 130

QUANTITY	DESCRIPTION	DATE ACCQUIRED	COST	SHARE COST	CURRENT SHARE PRICE	CURRENT VALUE	UNREALIZED GAIN/(LOSS)		AVERAGE 7 YIELD/ANTICIPATED INCOME (ANNUAL)
49	UNITED STATES FILTER CORP NEW SYMBOL: USF/RATING: B-	11/07/97	$ 1,616.76	$ 32.995	$ 29.958	$ 1,466.96	($ 149.80)	ST	
59	RESEARCH RATING:1/H	12/03/97	1,924.88	32.625	29.958	1,766.34	(158.54)	ST	
108			3,541.64	32.795		3,233.50	(308.54)		
69	WASHINGTON MUTUAL INC SYMBOL: WAMU/RATING: B RESEARCH RATING:2/H	06/30/97	4,259.51	61.752	65.813	4,405.10	143.59	ST	1.755 77.28
TOTAL COMMON STOCKS AND OPTIONS			$ 65,363.04			$ 78,402.90	$ 5,198.21 $ 0.00 $ 7,840.85	ST MT LT	.42 $ 331.28
TOTAL PORTFOLIO VALUE			$ 73,144.80			$ 86,183.86	$ 5,198.21 $ 0.00 $ 7,840.85	ST MT LT	.85 $ 721.10

*BASED ON INFORMATION SUPPLIED BY CLIENT, NOT VERIFIED BY SMITH BARNEY.

TRANSACTION DETAILS

INVESTMENT ACTIVITY

DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT
12/08/97	BOUGHT	UNITED STATES FILTER CORP NEW	59	$ 32.625	$ -1,924.88
12/22/97	STK SPLIT	CISCO SYS INC STK SPLIT ON 61 SHS	50		0.00
12/24/97	BOUGHT	BELL COMPUTER CORP SMITH BARNEY IS A MARKET MAKER	14	77.433	-1,084.06
12/29/97	CASHINLIEU	CISCO SYS INC CASH IN LIEU OF .50000			26.48
TOTAL SECURITIES BOUGHT AND OTHER SUBTRACTIONS					$ -3,008.94
TOTAL SECURITIES SOLD AND OTHER ADDITIONS					$ 26.48

MONEY FUNDS ACTIVITY

OPENING MONEY FUNDS BALANCE $ 10,757.02 ALL TRANSACTIONS ARE TRADED AT $1.00 PER SHARE.

DATE	ACTIVITY	DESCRIPTION	AMOUNT	DATE	ACTIVITY	DESCRIPTION	AMOUNT
12/02/97	AUTOINVEST	DREYFUS LIQUID ASSETS INC	26.48	12/24/97	REDEMPTION	DREYFUS LIQUID ASSETS INC	-1,084.06
12/08/97	REDEMPTION	DREYFUS LIQUID ASSETS INC	-1,924.88	12/30/97	AUTOINVEST	DREYFUS LIQUID ASSETS INC	26.48
						CLOSING BALANCE	$ 7,780.96

SALOMON SMITH BARNEY
A Member of Travelers Group

INDIVIDUAL RETIREMENT ACCOUNT
DECEMBER 1 - DECEMBER 31, 1997

PAGE 6 OF 6

REF: 00004379 00020000 Z97365AP01 FCC00443

ACCOUNT NUMBER 443-65137-19 130

EARNINGS DETAILS

THE TAX STATUS OF EARNINGS IS RELIABLE TO THE BEST OF OUR KNOWLEDGE. TAXABLE AND NON-TAXABLE DESIGNATIONS REFER TO THE FEDERAL INCOME TAX STATUS OF YOUR SECURITIES, NOT OF YOUR ACCOUNT.

DIVIDENDS

DATE	DESCRIPTION	COMMENT	TAXABLE	NON-TAXABLE	AMOUNT
12/01/97	INTEL CORP	CASH DIV ON 56.0000 SHS	$ 1.68		$ 1.68
TOTAL DIVIDENDS EARNED			$ 1.68	$ 0.00	$ 1.68

MONEY FUNDS EARNINGS

DATE	DESCRIPTION	COMMENT	TAXABLE	NON-TAXABLE	AMOUNT
12/01/97	DREYFUS LIQUID ASSETS INC	CASH DIV RECORD 11/30/97 PAY 11/30/97	$ 24.72		$ 24.72
TOTAL EARNINGS FROM MONEY FUNDS			$ 24.72	$ 0.00	$ 24.72

MESSAGE:PLEASE NOTE THAT SMITH BARNEY IS REQUIRED BY LAW TO REPORT THE DECEMBER 31, 1997, FAIR MARKET VALUE OF THIS ACCOUNT TO THE INTERNAL REVENUE SERVICE. SMITH BARNEY WILL FORWARD THIS INFORMATION TO THE IRS ON OR BEFORE MAY 31, 1998 ON IRS FORM 5498.

YOUR SMITH BARNEY PERFORMANCE MONITOR, REVIEWING YOUR MANAGED ACCOUNT, IS NORMALLY AVAILABLE WITHIN 30 DAYS OF THE END OF THE QUARTER. THIS MONITOR INCLUDES A DESCRIPTION OF YOUR PORTFOLIO RETURNS, AN ASSET ALLOCATION SUMMARY AND OTHER DETAILS CONCERNING YOUR INVESTMENTS. FOR FURTHER INFORMATION ON THE MONITOR, PLEASE CONTACT YOUR FINANCIAL CONSULTANT.

CLIENT STATEMENT
FORMS 1099 AND 1997 YEAR END SUMMARY
PAGE 1 OF 9

REF: 00083208 00022272 NAME SORT: MCDERMOTT JAMES A ACCOUNT NUMBER 443-14957-14 130 SS # [redacted]

4g

[redacted] JTWROS
710 9TH ST SE
WASHINGTON DC 20003-2804

IMPORTANT INCOME TAX RETURN DOCUMENT ENCLOSED. FOR TAX ADVICE, PLEASE CONSULT YOUR TAX ADVISOR.

IF YOU HAVE QUESTIONS ABOUT YOUR FORMS 1099 OR YEAR END SUMMARY, CALL OUR TOLL-FREE NUMBER, MONDAY THROUGH FRIDAY, 9:00 A.M. TO 5:00 P.M. EST., 1(800) 727-1099

PLEASE REVIEW THE ENCLOSED BROCHURE FOR INFORMATION YOU MAY NEED TO PREPARE YOUR STATE AND LOCAL TAX RETURNS ON YOUR SMITH BARNEY FUNDS.

CLIENT STATEMENT
FORMS 1099 FOR 1997
PAGE 2 OF 9

REF: 00083208 00022273 ACCOUNT NUMBER 443-14957-14 130 SS # [redacted]

PAYER

SMITH BARNEY INC.
388 GREENWICH STREET
NEW YORK, NEW YORK 10013
ATTN: TAX REPORTING SERVICE CENTER
TAX ID NUMBER 13-1912900

YOUR FINANCIAL CONSULTANT

WILLIAM L DONNELLY
SMITH BARNEY INC
TWO UNION SQUARE
601 UNION ST STE3400
SEATTLE, WA 98101
BRANCH OFFICE : 206-628-4400

[redacted] JTWROS
710 9TH ST SE
WASHINGTON DC
20003-2804

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

1099-DIV DIVIDENDS AND DISTRIBUTIONS 1997 (OMB NO.1545-0110)

GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK (TOTAL OF 1A,1C,1D AND 1E) $ 80.15	ORDINARY DIVIDENDS $ 80.15	CAPITAL CASH DISTRIBUTIONS	NONTAXABLE DISTRIBUTIONS	INVESTMENT EXPENSES	FEDERAL INCOME TAX WITHHELD $ 5.26
BOX 1A	BOX 1B	BOX 1C	BOX 1D	BOX 1E	BOX 2
FOREIGN TAX PAID	FOREIGN COUNTRY OR US POSSESSION	LIQUIDATION DISTRIBUTIONS - CASH	LIQUIDATION DISTRIBUTIONS - NON-CASH		
BOX 3	BOX 4	BOX 5	BOX 6		

CLIENT STATEMENT
FORMS 1099 FOR 1997

4h

REF: 00003208 00022274

JAMES A MCDERMOTT AND
ACCOUNT NUMBER 443-14957-14 130 SS # [redacted]

PAYER

SMITH BARNEY INC.
388 GREENWICH STREET
NEW YORK, NEW YORK 10013
ATTN: TAX REPORTING SERVICE CENTER
TAX ID NUMBER 13-1912900

YOUR FINANCIAL CONSULTANT

WILLIAM L DONNELLY
SMITH BARNEY INC
TWO UNION SQUARE
601 UNION ST STE3400
SEATTLE, WA 98101
BRANCH OFFICE : 206-628-6400

JAMES A MCDERMOTT [redacted] JTWROS
710 9TH ST SE
WASHINGTON DC
20003-2804

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS 1997 (OMB#1545-0715)

GROSS PROCEEDS FROM EACH TRANSACTION ARE INDIVIDUALLY REPORTED TO THE IRS AFTER DEDUCTING COMMISSIONS. FOR BOND TRANSACTIONS, ACCRUED INCOME IS ALSO DEDUCTED. TAXABLE ACCRUED INTEREST IS REPORTED ON FORM 1099-INT AND INCLUDED IN YOUR "DETAILS OF 1099 REPORTED INTEREST INCOME".

REFERENCE NUMBER	TRADE DATE (BOX 1A)	CUSIP NUMBER (BOX 1B)	QUANTITY	DESCRIPTION (BOX 5)	PRICE	GROSS PROCEEDS LESS COMMISSIONS (BOX 2)	FEDERAL INCOME TAX WITHHELD (BOX 4)
120000200	05/02/97	009991100000	43	AIRTOUCH COMMUNICATIONS INC CALIF	$ 25.00	$ 1,074.96	
120000400	06/07/97	031162100000		AMGEN INC		.02	
120000500	05/02/97	031162100000	10	AMGEN INC	59.00	589.98	
120000600	05/07/97	031162100000	10	AMGEN INC	62.00	619.97	
120000900	05/07/97	045691109000	22	ASCEND COMMUNICATIONS INC	49.00	1,077.96	
120001100	05/07/97	17275R102000	19	CISCO SYS INC	58.375	1,109.09	
120001300	05/02/97	345649102000	36	FORE SYSTEMS INC	14.875	535.48	
120001600	05/02/97	404100109000	21	H B O & CO	54.25	1,139.21	
120001800	05/07/97	458140100000	8	INTEL CORP	158.875	1,270.95	
120001900	02/13/97	486258105000	1,017	KAUFMANN FUND INC	5.92	6,008.60	
120002100	05/02/97	585055106000	18	MEDTRONIC INC	69.50	1,250.95	
120002300	05/02/97	594918104000	4	MICROSOFT CORP	120.125	480.48	
120002400	05/07/97	594918104000	8	MICROSOFT CORP	117.875	942.96	
120002600	05/02/97	68389X105000	14	ORACLE CORP	41.00	575.98	
120002700	05/07/97	68389X105000	15	ORACLE CORP	44.125	661.85	
120002900	05/02/97	704326107000	16	PAYCHEX INC	49.75	795.97	

CLIENT STATEMENT
FORMS 1099 FOR 1997

REF: 00003208 00022275

JAMES A MCDERMOTT AND
ACCOUNT NUMBER 443-14957-14 130 SS # [redacted]

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS 1997 CONT (OMB#1545-0715)

REFERENCE NUMBER	TRADE DATE (BOX 1A)	CUSIP NUMBER (BOX 1B)	QUANTITY	DESCRIPTION (BOX 5)	PRICE	GROSS PROCEEDS LESS COMMISSIONS (BOX 2)	FEDERAL INCOME TAX WITHHELD (BOX 4)
120003000	05/02/97	704326107000	10	PAYCHEX INC	$ 49.75	$ 497.48	
120003200	05/02/97	855030102000	38	STAPLES INC	19.00	721.97	
120003300	05/02/97	855030102000	20	STAPLES INC	18.875	377.48	
120003500	05/02/97	855244109000	20	STARBUCKS CORP	29.875	597.48	
120003600	05/07/97	855244109000	15	STARBUCKS CORP	29.000	434.98	
120003800	05/02/97	863667101000	25	STRYKER CORP	32.125	758.85	
120003900	05/07/97	863667101000	20	STRYKER CORP	31.625	632.47	
120004000	02/20/97	892335100000	200	TOYS R US INC	25.25	5,049.83	
120004100	05/02/97	892335100000	200	TOYS R US INC	28.75	5,749.80	
120004300	05/02/97	903288108000	20	US ROBOTICS CORP	57.50	1,149.96	
120004400	02/10/97	928639105000	200,000	VOLCANIC GOLD INC-NEV	.005	999.96	
120004500	02/10/97	928639105000	60,000	VOLCANIC GOLD INC-NEV	.01	599.98	
120004700	05/02/97	939322103000	12	WASHINGTON MUTUAL INC	49.50	593.98	
120004800	05/07/97	939322103000	10	WASHINGTON MUTUAL INC	52.50	524.98	
TOTALS						$ 36,801.61	

CLIENT STATEMENT
1997 YEAR END SUMMARY

4i

REF: 00003208 00022276

JAMES A MCDERMOTT AND
ACCOUNT NUMBER 443-14957-14 130 SS # [redacted]

SMITH BARNEY IS PLEASED TO PROVIDE YOU WITH THIS OVERVIEW OF ACTIVITY IN YOUR ACCOUNT THIS YEAR. THIS INFORMATION WILL HELP YOU UNDERSTAND THE PERFORMANCE OF YOUR INVESTMENTS AND MANAGE YOUR ACCOUNT WITH THE ASSISTANCE OF YOUR SMITH BARNEY FINANCIAL CONSULTANT. THIS INFORMATION IS NOT PROVIDED TO THE IRS.

VALUE OF YOUR PORTFOLIO

DESCRIPTION		AMOUNT
COMBINED ACCOUNT BALANCE		$ 2.74
MONEY FUNDS		1.01
VALUE OF YOUR ACCOUNT ON 12/31/97		$ 3.75
VALUE OF YOUR ACCOUNT ON 12/31/96	$ 18,463.49	

EARNINGS SUMMARY 1997

DUE TO IRS REPORTING REQUIREMENTS, THESE FIGURES MAY NOT BE THE SAME AS TOTALS REPORTED ON YOUR MONTHLY STATEMENT.

DESCRIPTION	1099 REPORTED	1099 EXEMPT	TOTAL
DIVIDENDS **	$ 80.15		$ 80.15
TOTALS	$ 80.15		$ 80.15

**INCLUDES MONEY FUNDS EARNINGS AND CAPITAL GAIN DISTRIBUTIONS.

SUMMARY OF MISCELLANEOUS TAX WITHHELD 1997

THE FOLLOWING TAXES HAVE BEEN WITHHELD IN COMPLIANCE WITH U.S. FEDERAL OR FOREIGN REGULATIONS.

DESCRIPTION	AMOUNT
TAX WITHHELD ON INCOME	$ 3.26
TOTAL	$ 3.26

CLIENT STATEMENT
1997 YEAR END SUMMARY

REF: 00003208 00022277

JAMES A MCDERMOTT AND
ACCOUNT NUMBER 443-14957-14 130 SS # [redacted]

DETAILS OF 1099 REPORTED DIVIDENDS AND DISTRIBUTIONS 1997

THE FOLLOWING DETAILS SHOW HOW WE DERIVED YOUR TOTAL DIVIDENDS REPORTED ON FORM 1099-DIV. AMOUNT DISPLAYED FOR GROSS DIVIDENDS INCLUDE DIVIDEND REINVESTMENTS, MONEY FUND EARNINGS, AND ACCRUED DIVIDENDS RECEIVED.

REFERENCE NUMBER	DESCRIPTION (TOTAL OF BOXES 1B,1C,1D AND 1E)	GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK (BOX 1A)	ORDINARY DIVIDENDS (BOX 1B)	LONG - TERM CAPITAL GAIN DISTRIBUTIONS (BOX 1C)	NONTAXABLE DISTRIBUTIONS (BOX 1D)	INVESTMENT EXPENSES (BOX 1E)	FEDERAL INCOME TAX WITHHELD (BOX 2)	FOREIGN TAX PAID (BOX 3)	LIQUIDATION DISTRIBUTIONS-CASH/NON-CASH (BOXES 5 & 6)
150000100	H B O & CO	$ .42	$ .42						
150000200	INTEL CORP	.40	.40						
150000300	MEDTRONIC INC	1.71	1.71						
150000400	PAYCHEX INC	2.34	2.34						
150000500	SB MONEY FUNDS CASH PORT CL A	69.56	69.56				3.26		
150000600	WASHINGTON MUTUAL INC	5.72	5.72						
TOTALS IN BOXES 1A-1E		$ 80.15	$ 80.15						
TOTALS IN BOXES 2,3,5 AND 6							$ 3.26		

DETAILS OF SHORT TERM GAIN (LOSS) 1997

THIS SECTION SHOWS YOUR SALES OF SECURITIES DURING THE YEAR. THE "SALE PROCEEDS" COLUMN EXCLUDES ANY ACCRUED INCOME YOU MAY HAVE RECEIVED. PLEASE NOTE, THIS MATERIAL IS BEING PREPARED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED FOR TAX PREPARATION WITHOUT THE ASSISTANCE OF YOUR TAX ADVISOR.

REFERENCE NUMBER	QUANTITY	SECURITY DESCRIPTION	OPENING TRADE DATE	CLOSING TRADE DATE	SALE PROCEEDS	COST	(LOSS)	GAIN
125000100	43	AIRTOUCH COMMUNICATIONS INC CALIF NO DIFFERENTIAL	02/20/97	05/02/97	$ 1,074.96	$ 1,225.50	($ 150.54)	
125000200	10	AMGEN INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	589.98	607.50	(17.52)	
125000300	10	AMGEN INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/07/97	619.97	607.50	—	12.
125000400	19 5	ASCEND COMMUNICATIONS INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97 03/31/97	05/07/97	930.97 146.99	1,213.63 121.13	(282.66)	25.86

DETAILS OF SHORT TERM GAIN (LOSS) 1997 - CONTINUED

REFERENCE NUMBER	QUANTITY	SECURITY DESCRIPTION	OPENING TRADE DATE	CLOSING TRADE DATE	SALE PROCEEDS	COST	(LOSS)	GAIN
125000500	19	CISCO SYS INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/07/97	$ 1,109.09	$ 1,211.25	($ 102.16)	
125000600	36	FORE SYSTEMS INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	535.48	1,215.00	(679.52)	
125000700	19	H & Q & CO	02/20/97	05/02/97	1,030.71	1,211.25	(180.54)	
	2	SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	05/12/97		108.50	112.75	(4.25)	
125000800	8	INTEL CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/07/97	1,270.95	1,203.00		67.95
125001000	[illegible]	MEDTRONIC INC NO DIFFERENTIAL	02/20/97	05/02/97	1,250.95	1,208.25		42.70
125001100	4	MICROSOFT CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	480.48	384.00		96.48
125001200	8	MICROSOFT CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/07/97	942.96	768.00		174.96
125001300	14	ORACLE CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	573.98	588.00	(14.02)	
125001400	15	ORACLE CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/07/97	661.85	630.00		31.85
125001500	16	PAYCHEX INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	795.97	752.00		43.97
125001600	10	PAYCHEX INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	497.48	470.00		27.48
125001700	38	STAPLES INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	721.97	793.25	(71.28)	
125001800	20	STAPLES INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	377.48	417.50	(40.02)	

DETAILS OF SHORT TERM GAIN (LOSS) 1997 - CONTINUED

REFERENCE NUMBER	QUANTITY	SECURITY DESCRIPTION	OPENING TRADE DATE	CLOSING TRADE DATE	SALE PROCEEDS	COST	(LOSS)	GAIN
125001900	20	STARBUCKS CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	$ 597.48	$ 707.50	($ 110.02)	
125002000	15	STARBUCKS CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/07/97	434.98	530.63	(95.65)	
125002100	23	STRYKER CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	738.85	649.75		89.10
125002200	20	STRYKER CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/07/97	632.47	565.00		67.47
125002500	20	US ROBOTICS CORP SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	02/20/97	05/02/97	1,149.96	1,217.50	(67.54)	
125002800	12	WASHINGTON MUTUAL INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	03/14/97	05/02/97	595.98	630.31	(36.33)	
125002900	10	WASHINGTON MUTUAL INC SLAX EXECUTION SMITH BARNEY IS A MARKET MAKER	03/14/97	05/07/97	524.98	525.26	(.28)	
TOTAL					$ 18,393.42	$ 19,565.46	($ 1,852.33)	$ 680.29

DETAILS OF MID TERM 28% TAX GAIN (LOSS) 1997

THIS SECTION SHOWS YOUR SALES OF SECURITIES DURING THE YEAR. THE "SALE PROCEEDS" COLUMN EXCLUDES ANY ACCRUED INCOME YOU MAY HAVE RECEIVED. PLEASE NOTE THIS MATERIAL IS BEING PREPARED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED FOR TAX PREPARATION WITHOUT THE ASSISTANCE OF YOUR TAX ADVISOR. FOR ADDITIONAL INFORMATION REGARDING THIS SECTION SEE ENCLOSED BROCHURE.

REFERENCE NUMBER	QUANTITY	SECURITY DESCRIPTION	OPENING TRADE DATE	CLOSING TRADE DATE	SALE PROCEEDS	COST	(LOSS)	GAIN
125000900	487.013	KAUFMANN FUND INC	08/10/95	02/13/97	$ 2,877.55	$ 1,500.00		$ 1,377.55 C
	5.136	"YOUR ACCOUNT WILL BE DEBITED	11/12/95		30.34	17.05		13.29 C
	41.788	A SALES CHARGE OF $12.04"	05/28/96		246.89	149.60		97.29 C
	32.448	GENERATED- CIW AS OF 02/13/97	05/09/96		191.71	110.00		81.71 C
	32.856		05/25/96		194.00	110.00		84.00 C
	22.119		06/14/96		130.68	74.10		56.58 C

CLIENT STATEMENT
1997 YEAR END SUMMARY

4k

REF: -00003208 00022280

JAMES A MCDERMOTT AND
ACCOUNT NUMBER 443-14957-14 138 SS # [redacted]

DETAILS OF MID TERM 28% TAX GAIN (LOSS) 1997 - CONTINUED

REFERENCE NUMBER	QUANTITY	SECURITY DESCRIPTION	OPENING TRADE DATE	CLOSING TRADE DATE	SALE PROCEEDS	COST	(LOSS)	GAIN
	30.875		06/14/94		$ 64.25	$ 36.43		$ 27.82 C
	44.86		06/14/94		265.04	150.28		114.76 C
	237.654		07/25/94		1,404.10	770.00		634.10 C
	23.926		08/01/94		141.36	78.00		63.36 C
	45.677		08/04/94		269.87	148.45		121.42 C
	32.668		08/10/94		193.01	107.47		85.54 C
125002300	150	TOYS R US INC	UNAVAILABLE	02/20/97	3,787.37			
	50	GENERATED- CTN AS OF 02/20/97	03/15/95		1,262.46	1,237.50		24.96 C
125002400	100	TOYS R US INC	11/05/95	05/02/97	2,874.90	2,193.50		681.40 C
	100		03/15/95		2,874.90	2,475.00		399.90 C
125002600	200,000	VOLCANIC COLD INC-NEV SB ACTING AS AGENT FILLED	UNAVAILABLE	02/10/97	999.96			
125002700	60,000	VOLCANIC COLD INC-NEV SB ACTING AS AGENT LEAVES 200M	UNAVAILABLE	02/10/97	599.98			
TOTAL MID-TERM GAIN/LOSS					$ 18,408.17	$ 9,157.58		$ 3,863.48

C BASED ON INFORMATION SUPPLIED BY CLIENT, NOT VERIFIED BY SMITH BARNEY.

PURSUANT TO THE TAXPAYER RELIEF ACT OF 1997, ALL SALES OCCURRING ON OR BEFORE MAY 6, 1997 OF SECURITIES THAT WERE HELD MORE THAN 12 MONTHS WILL QUALIFY FOR THE 28% RATE FOR NET GAINS. IN ADDITION, ALL SALES OCCURRING ON OR AFTER JULY 29, 1997 OF SECURITIES THAT WERE HELD MORE THAN 12 MONTHS BUT NOT MORE THAN 18 MONTHS WILL ALSO QUALIFY FOR THE 28% RATE FOR NET GAINS.

SALOMON SMITH BARNEY
A Member of Travelers Group

CLIENT STATEMENT
OCTOBER 1 - DECEMBER 31, 1997

4L

REF: 00004377 00019987 297365AP01 FCG00443

NAME SORT:MCDERMOTT JAMES A

ACCOUNT NUMBER 443-14957-14 130

JAMES A MCDERMOTT AND
VIRGINIA B MCDERMOTT JTWROS
710 9TH ST SE
WASHINGTON DC 20003-2804

CLIENT HOME PHONE: 202-546-0805
CLIENT BUS. PHONE: 202-225-3106
CLIENT DATE OF BIRTH: 12/28/36

YOUR BROKER/DEALER IS
SMITH BARNEY INC
YOUR FINANCIAL CONSULTANT

WILLIAM L DONNELLY
TWO UNION SQUARE
601 UNION ST STE3400
SEATTLE, WA 98101
206-628-4400

MTD COMM: $ 0.00 YTD COMM: $ 99.15
MTD FEES: $ 0.00 YTD FEES: $ 99.15

ACCOUNT VALUE

	LAST PERIOD	THIS PERIOD	%
CASH BALANCE	$ 2.74	$ 2.74	73.07
MONEY FUNDS	1.01	1.01	26.93
NET VALUE	$ 3.75	$ 3.75	100

EARNINGS SUMMARY

	THIS PERIOD	THIS YEAR TAXABLE	NON-TAXABLE
DIVIDENDS	$ 0.00	$ 10.59	$ 0.00
MONEY FUNDS EARNINGS	0.00	69.56	0.00
TOTAL	$ 0.00	$ 80.15	$ 0.00

ADDITIONAL SUMMARY INFORMATION

	THIS PERIOD	THIS YEAR
BACK-UP TAX WITHHELD	$ 0.00	$ 3.26

GAIN/LOSS SUMMARY

	THIS PERIOD	THIS YEAR
REALIZED GAIN OR (LOSS)	$ 0.00	$ 0.00 LT $ 3,865.48 MT ($ 1,172.04)ST
UNREALIZED GAIN OR (LOSS)	0.00	NOT APPLICABLE

SALOMON SMITH BARNEY IS A SERVICE MARK OF SMITH BARNEY INC. SMITH BARNEY INC AND SALOMON BROTHERS INC ARE AFFILIATED BUT SEPARATELY REGISTERED BROKER/DEALERS UNDER COMMON CONTROL OF SALOMON SMITH BARNEY HOLDINGS INC. SALOMON BROTHERS INC AND SALOMON SMITH BARNEY HOLDINGS INC HAVE BEEN LICENSED TO USE THE SALOMON SMITH BARNEY SERVICE MARK.

SALOMON SMITH BARNEY
A Member of Travelers Group

CLIENT STATEMENT
OCTOBER 1 - DECEMBER 31, 1997

REF: 00004377 00019988 297365AP01 FCG00443

JAMES A MCDERMOTT AND

ACCOUNT NUMBER 443-14957-14 130

CASH AND MONEY FUNDS BALANCE

	THIS PERIOD	THIS YEAR
OPENING BALANCE	$ 3.75	
DEPOSITS	0.00	$57.25
WITHDRAWALS	0.00	-24,580.05
CLOSING BALANCE	$ 3.75	

PORTFOLIO SUMMARY

	THIS PERIOD	YEAR-TO-DATE AS OF 02/97
OPENING VALUE OF SECURITIES	1.01	29,632.85
+ OPENING CASH BALANCE	2.74	0.00
= OPENING PORTFOLIO BALANCE	3.75	29,632.85
SECURITIES DEPOSITED/WITHDRAWN NET	0.00	12,568.09
CAPITAL DEPOSITED/WITHDRAWN NET	0.00	-23,022.78
ADJUSTED OPENING VALUE	3.75	18,178.14
CLOSING VALUE OF SECURITIES	1.01	1.01
+ CLOSING CASH BALANCE	2.74	2.74
= CLOSING PORTFOLIO VALUE	3.75	3.75

NOTE: SECURITIES DEPOSITED/WITHDRAWN NET = THE VALUE OF SECURITIES ON THE DAY THEY WERE DEBITED FROM OR CREDITED TO THE ACCOUNT AS REFLECTED IN THE "OTHER SECURITY ACTIVITY" SECTION.
CAPITAL DEPOSITED/WITHDRAWN NET = CASH WITHDRAWALS AND DEPOSITS, GOLD CARD PAYMENTS, FNA MONEY CARD ACTIVITY, CHECKS WRITTEN, AND MONEY FUNDS/INSURED CASH DEPOSIT TRANSFERS.

PORTFOLIO DETAILS

THE VALUES OF YOUR HOLDINGS ARE AS OF 12/31/97. PLEASE NOTE, UNREALIZED GAIN/(LOSS) IS BEING PREPARED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED FOR TAX PREPARATION WITHOUT THE ASSISTANCE OF YOUR TAX ADVISOR.

MONEY FUNDS

NUMBER OF SHARES	DESCRIPTION	CURRENT VALUE	ACCRUED DIVIDENDS	ANNUALIZED % DIVIDEND YIELD/ANTICIPATED INCOME (ANNUALIZED)
1.01	SB MONEY FUNDS CASH PORT CL A	$ 1.01		5.00% $ .05
TOTAL MONEY FUNDS		$ 1.01	$ 0.00	4.95 $ .05

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	SECURITIES TRANSACTIONS ARE ATTACHED (pages 5a-m)			

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY
MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-65136

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
AIRTOUCH COMMUNICATIONS INC	01/10/97	159.0000	3,796.13	23.875	25.000	178.73 ST	.00
CALIF	05/13/97 Sold				3,974.86		178.73
3 COM CORP	01/10/97	17.0000	709.14	41.714	44.183	41.94 ST	.00
	11/05/97 Sold				751.08		41.94
WALT DISNEY HOLDING CO	02/27/96	100.0000	6,481.00	64.750	67.250	243.77 *ST	.00
	01/10/97 Sold				6,724.77		243.77
FUND AMERICAN ENTERPRISES HLDG	03/26/96	80.0000	6,032.16	75.342	97.250	1,747.58 *ST	.00
	01/09/97 Sold				7,779.74		1,747.58
	07/25/96	100.0000	8,162.00	81.500	97.250	1,562.67 *ST	.00
	01/09/97 Sold				9,724.67		1,562.67
	TOTAL	180.0000	14,194.16		17,504.41	3,310.25	.00
							3,310.25
FORE SYSTEMS INC	01/10/97	116.0000	3,799.00	32.750	13.875	(2,189.56) ST	.00
	07/22/97 Sold				1,609.44		(2,189.56)
H B O & CO	01/10/97	40.0000	1,402.50	35.062	43.625	342.44 ST	.00
	11/20/97 Sold				1,744.94		342.44
H B O & CO	01/10/97	8.0000	280.50	35.062	40.500	43.48 ST	.00
	09/12/97 Sold				323.98		43.48
INFORMIX CORP	01/28/97	173.0000	3,762.75	21.750	10.375	(1,967.93) ST	.00
	08/05/97 Sold				1,794.82		(1,967.93)

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2450

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-65136

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 2

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
MEDTRONIC INC	01/10/97	21.0000	740.25	35.250	46.500	236.21 ST	.00
	11/20/97 Sold				976.46		236.21
MEDTRONIC INC	01/10/97	17.0000	599.25	35.250	48.375	223.10 ST	.00
	09/18/97 Sold				822.35		223.10
NABISCO HOLDINGS CORP CL A	10/31/95	180.0000	2,693.50	26.875	36.750	981.37 *MT	.00
	01/09/97 Sold				3,674.87		981.37
ORACLE CORP	01/10/97	44.0000	1,213.67	27.684	35.251	337.31 ST	.00
	11/20/97 Sold				1,550.98		337.31
OXFORD HEALTH PLANS INC	08/08/97	30.0000	2,235.54	74.518	23.750	(1,523.07) ST	.00
	11/05/97 Sold				712.47		(1,523.07)
	09/29/97	26.0000	1,972.75	75.875	23.750	(1,355.27) ST	.00
	11/05/97 Sold				617.48		(1,355.27)
	TOTAL	56.0000	4,208.29		1,329.95	(2,878.34)	.00
							(2,878.34)
PEPSICO INC	02/27/96	200.0000	6,431.00	32.125	29.250	(581.20) *ST	.00
	01/09/97 Sold				5,849.80		(581.20)
SALOMON INC	02/27/96	150.0000	5,877.75	39.125	47.875	1,303.26 *ST	.00
	01/10/97 Sold				7,181.01		1,303.26
STARBUCKS CORP	01/10/97	21.0000	645.75	30.750	42.250	241.47 ST	.00
	09/10/97 Sold				887.22		241.47

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

5c

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-65136

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 3

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
SEAGATE TECHNOLOGY INC DE	08/06/97	50.0000	2,247.20	44.944	32.584	(618.02) ST	.00
	10/20/97 Sold				1,629.18		(618.02)
STAPLES INC	01/10/97	14.0000	280.00	20.000	25.733	80.24 ST	.00
	07/23/97 Sold				360.24		80.24
STRYKER CORP	01/10/97	15.0000	465.00	31.000	41.000	149.97 ST	.00
	09/17/97 Sold				614.97		149.97
WELLS FARGO & CO		25.0000	.00	Please provide	278.750	Not available	.00
	01/10/97 Sold				6,968.52		.00
	03/12/96	25.0000	5,889.68	235.527	278.750	1,078.84 *ST	.00
	01/10/97 Sold				6,968.52		1,078.84
	TOTAL	50.0000	5,889.68		6,968.52	1,078.84	.00
							1,078.84
WHITE RIVER CORP		100.0000	.00	Please provide	57.000	Not available	.00
	01/09/97 Sold				5,699.81		.00
	02/16/96	150.0000	5,559.00	37.000	57.000	2,990.71 *ST	.00
	01/09/97 Sold				8,549.71		2,990.71
	TOTAL	250.0000	5,559.00		8,549.71	2,990.71	.00
							2,990.71

Total Long Term year-to-date	.00
Total Mid Term year-to-date	981.37
Total Short Term year-to-date	2,566.67

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2452

5d

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-65136

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 4

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
Total Realized gain or (loss) year-to-date**			71,275.52		74,823.56	3,548.04	
Total Capital gain or (loss) year-to-date							3,548.04

* Based on information supplied by client, not verified by Smith Barney.

** Gain/Loss is only calculated when an original cost basis is available.

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

5c

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-65137

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 1

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
AIRTOUCH COMMUNICATIONS INC	01/10/97	172.0000	4,106.50	23.875	25.000	193.35 ST	.00
CALIF	05/13/97 Sold				4,299.85		193.35
AVON PRODUCTS INC	03/11/96	130.0000	5,523.00	42.454	58.250	2,049.24 *ST	.00
	01/09/97 Sold				7,572.24		2,049.24
) COM CORP	01/10/97	19.0000	792.57	41.714	44.183	46.88 ST	.00
	11/05/97 Sold				839.45		46.88
FANNIE MAE	01/24/95	200.0000	3,571.75	17.596	44.875	5,402.95 *LT	.00
	08/27/97 Sold				8,974.70		5,402.95
FORE SYSTEMS INC	01/10/97	125.0000	4,078.13	32.625	13.875	(2,343.81) ST	.00
	07/22/97 Sold				1,734.32		(2,343.81)
GANNETT CO INC		100.0000	.00	Please provide	72.625	Not available	.00
	01/10/97 Sold				7,262.25		.00
H B O & CO	01/10/97	40.0000	1,402.50	35.062	43.625	342.44 ST	.00
	11/20/97 Sold				1,744.94		342.44
H B O & CO	01/10/97	9.0000	315.56	35.062	40.500	48.92 ST	.00
	09/12/97 Sold				364.48		48.92
INFORMIX CORP	01/28/97	182.0000	3,958.50	21.750	10.375	(2,070.32) ST	.00
	08/05/97 Sold				1,888.18		(2,070.32)
LEUCADIA NATIONAL CORP	09/27/96	250.0000	5,845.25	23.321	25.875	623.28 *ST	.00
	01/09/97 Sold				6,468.53		623.28

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2454

5f

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-65137

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 2

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
MEDTRONIC INC	01/10/97	22.0000	774.13	35.187	46.500	248.83 ST	.00
	11/20/97 Sold				1,022.96		248.83
MEDTRONIC INC	01/10/97	22.0000	774.12	35.187	48.375	290.09 ST	.00
	09/18/97 Sold				1,064.21		290.09
MORGAN STANLEY GROUP INC	01/20/95	250.0000	7,523.13	30.062	55.875	6,445.15 *MT	.00
	01/09/97 Sold				13,968.28		6,445.15
NABISCO HOLDINGS CORP CL A	10/31/95	100.0000	2,693.50	26.875	36.750	981.37 *MT	.00
	01/09/97 Sold				3,674.87		981.37
ORACLE CORP	01/10/97	47.0000	1,304.25	27.750	35.251	352.49 ST	.00
	11/20/97 Sold				1,656.74		352.49
OXFORD HEALTH PLANS INC	08/28/97	60.0000	4,402.50	73.375	23.750	(2,977.55) ST	.00
	11/05/97 Sold				1,424.95		(2,977.55)
SALOMON INC		150.0000	.00	Please provide	48.000	Not available	.00
	01/17/97 Sold				7,199.76		.00
STARBUCKS CORP	01/10/97	13.0000	396.50	38.500	42.250	152.73 ST	.00
	09/10/97 Sold				549.23		152.73
STARBUCKS CORP	01/10/97	14.0000	427.00	30.500	37.007	91.08 ST	.00
	07/23/97 Sold				518.08		91.08
SEAGATE TECHNOLOGY INC DE	08/06/97	52.0000	2,337.09	44.946	32.584	(642.75) ST	.00
	10/20/97 Sold				1,694.34		(642.75)

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2455

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-65137

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
STAPLES INC	01/10/97 07/23/97 Sold	22.0000	442.75	20.125	25.733 566.11	123.36 ST	.00 123.36
STRYKER CORP	01/10/97 09/17/97 Sold	20.0000	620.00	31.000	41.000 819.97	199.97 ST	.00 199.97
AMERICAN MEDIA SR SUB NOTES REG-DTD 11/21/1994 R/MD 11.625 11/15/2004	06/21/95 01/10/97 Sold	10,000.0000	10,882.40 10,667.60	107.500 106.676	106.500 10,650.00	(232.40)*MT	.00 (17.60)
B.F. SAUL REAL ESTATE SR SECD NTS SER B BOOK ENTRY DTD 3/30/1994 R/MD 11.625 04/01/2002	10/20/95 01/10/97 Sold	10,000.0000	10,533.75 10,388.10	104.562 103.881	100.000 10,000.00	(533.75)*MT	.00 (388.10)
Total Long Term year-to-date						5,402.85	
Total Mid Term year-to-date						5,650.37	
Total Short Term year-to-date						(3,271.77)	
Total Realized gain or (loss) year-to-date**			72,344.43		81,496.43	8,791.55	
Total Capital gain or (loss) year-to-date							8,182.00

* Based on information supplied by client, not verified by Smith Barney.

** Gain/Loss is only calculated when an original cost basis is available.

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

5h

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-24957

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
AMGEN INC	02/20/97 05/07/97 Sold	10.0000	607.50	60.750	62.000 619.97	12.47 ST	.00 12.47
AMGEN INC	02/20/97 05/02/97 Sold	10.0000	607.50	60.750	59.000 589.98	(17.52) ST	.00 (17.52)
ASCEND COMMUNICATIONS INC	02/20/97 05/07/97 Sold	19.0000	1,213.63	63.875	49.000 930.97	(282.66) ST	.00 (282.66)
	03/31/97 05/07/97 Sold	3.0000	121.13	40.375	49.000 146.99	25.86 ST	.00 25.86
	TOTAL	22.0000	1,334.76		1,077.96	(256.80)	.00 (256.80)
AIRTOUCH COMMUNICATIONS INC CALIF	02/20/97 05/02/97 Sold	43.0000	1,225.50	28.500	25.000 1,074.96	(150.54) ST	.00 (150.54)
CISCO SYS INC	02/20/97 05/07/97 Sold	19.0000	1,211.25	63.750	58.375 1,109.09	(102.16) ST	.00 (102.16)
FORE SYSTEMS INC	02/20/97 05/02/97 Sold	36.0000	1,215.00	33.750	14.875 535.48	(679.52) ST	.00 (679.52)
H B O & CO	02/20/97 05/02/97 Sold	19.0000	1,211.25	63.750	54.250 1,030.71	(180.54) ST	.00 (180.54)
	03/12/97 05/02/97 Sold	2.0000	112.75	56.375	54.250 108.50	(4.25) ST	.00 (4.25)

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2457

5i

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-14957

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 2

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
M B O & CO	TOTAL	21.0000	1,324.00		1,139.21	(184.79)	.00
							(184.79)
INTEL CORP	02/20/97	8.0000	1,203.00	150.375	158.875	67.95 ST	.00
	05/07/97 Sold				1,270.95		67.95
KAUFMANN FUND INC	08/10/93	487.0130	1,500.00	3.080	5.920	1,377.35 *MT	.00
	02/13/97 Sold				2,877.35		1,377.35
	11/12/93	5.1360	17.05	3.320	5.920	13.29 *MT	.00
	02/13/97 Sold				30.34		13.29
	03/28/94	41.7880	149.60	3.580	5.920	97.29 *MT	.00
	02/13/97 Sold				246.89		97.29
	05/09/94	32.4480	110.00	3.390	5.920	81.71 *MT	.00
	02/13/97 Sold				191.71		81.71
	05/25/94	32.8360	110.00	3.350	5.920	84.00 *MT	.00
	02/13/97 Sold				194.00		84.00
	06/14/94	22.1190	74.10	3.350	5.920	56.58 *MT	.00
	02/13/97 Sold				130.68		56.58
	06/14/94	10.8750	36.43	3.350	5.920	27.82 *MT	.00
	02/13/97 Sold				64.25		27.82
	06/14/94	44.8600	150.28	3.350	5.920	114.76 *MT	.00
	02/13/97 Sold				265.04		114.76

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2458

5j

2459

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-14957

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 3

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
KAUFMANN FUND INC	07/25/94 02/13/97 Sold	237.6540	770.00	3.240	5.920 1,404.10	634.10 *MT	.00 634.10
	08/01/94 02/13/97 Sold	23.9260	78.00	3.260	5.920 141.36	63.36 *MT	.00 63.36
	08/04/94 02/13/97 Sold	45.6770	148.45	3.250	5.920 269.87	121.42 *MT	.00 121.42
	08/10/94 02/13/97 Sold	32.6680	107.47	3.290	5.920 193.01	85.54 *MT	.00 85.54
	TOTAL	1,017.0000	3,251.38		6,008.60	2,757.22	.00 2,757.22
MEDTRONIC INC	02/20/97 05/02/97 Sold	18.0000	1,208.25	67.125	69.500 1,250.95	42.70 ST	.00 42.70
MICROSOFT CORP	02/20/97 05/07/97 Sold	8.0000	768.00	96.000	117.875 942.96	174.96 ST	.00 174.96
MICROSOFT CORP	02/20/97 05/02/97 Sold	4.0000	384.00	96.000	120.125 480.48	96.48 ST	.00 96.48
ORACLE CORP	02/20/97 05/07/97 Sold	15.0000	630.00	42.000	44.125 661.85	31.85 ST	.00 31.85
ORACLE CORP	02/20/97 05/02/97 Sold	14.0000	588.00	42.000	41.000 573.98	(14.02) ST	.00 (14.02)

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

5k

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-14957

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 4

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
PAYCHEX INC	02/20/97	16.0000	752.00	47.000	49.750	43.97 ST	.00
	05/02/97 Sold				795.97		43.97
PAYCHEX INC	02/20/97	10.0000	470.00	47.000	49.750	27.48 ST	.00
	05/02/97 Sold				497.48		27.48
STARBUCKS CORP	02/20/97	15.0000	530.63	35.375	29.000	(95.65) ST	.00
	05/07/97 Sold				434.98		(95.65)
STARBUCKS CORP	02/20/97	20.0000	707.50	35.375	29.875	(110.02) ST	.00
	05/02/97 Sold				597.48		(110.02)
STAPLES INC	02/20/97	38.0000	793.25	20.875	19.000	(71.28) ST	.00
	05/02/97 Sold				721.97		(71.28)
STAPLES INC	02/20/97	20.0000	417.50	20.875	18.875	(40.02) ST	.00
	05/02/97 Sold				377.48		(40.02)
STRYKER CORP	02/20/97	20.0000	565.00	28.250	31.625	67.47 ST	.00
	05/07/97 Sold				632.47		67.47
STRYKER CORP	02/20/97	23.0000	649.75	28.250	32.125	89.10 ST	.00
	05/02/97 Sold				738.85		89.10
TOYS R US INC	11/03/95	100.0000	2,193.50	21.875	28.750	681.40 *MT	.00
	05/02/97 Sold				2,874.90		681.40
	03/15/95	100.0000	2,475.00	24.750	28.750	399.90 *MT	.00
	05/02/97 Sold				2,874.90		399.90
	TOTAL	200.0000	4,668.50		5,749.80	1,081.30	.00
							1,081.30

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2460

5L

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-14957

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 5

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
TOYS R US INC		150.0000	.00	Please provide	25.250	Not available	.00
	02/20/97 Sold				3,787.37		.00
	03/15/95	50.0000	1,237.50	24.750	25.250	24.96 *MT	.00
	02/20/97 Sold				1,262.46		24.96
	TOTAL	200.0000	1,237.50		1,262.46	24.96	.00
							24.96
US ROBOTICS CORP	02/20/97	20.0000	1,217.50	60.875	57.500	(67.54) ST	.00
	05/02/97 Sold				1,149.96		(67.54)
VOLCANIC GOLD INC-NEV		200,000.0000	.00	Please provide	.005	Not available	.00
	02/10/97 Sold				999.96		.00
VOLCANIC GOLD INC-NEV		60,000.0000	.00	Please provide	.010	Not available	.00
	02/10/97 Sold				599.98		.00
WASHINGTON MUTUAL INC	03/14/97	10.0000	525.26	52.526	52.500	(.28) ST	.00
	05/07/97 Sold				524.98		(.28)
WASHINGTON MUTUAL INC	03/14/97	12.0000	630.31	52.526	49.500	(36.33) ST	.00
	05/02/97 Sold				593.98		(36.33)
Total Long Term year-to-date						.00	
Total Mid Term year-to-date						3,863.48	
Total Short Term year-to-date						(1,172.04)	
Total Realized gain or (loss) year-to-date**			28,722.84		31,414.28	2,691.44	

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2461

5M

1997 REALIZED GAIN/LOSS DETAILS AS OF 03/10/98 SMITH BARNEY

MCDERMOTT JAMES A FC: WILLIAM L DONNELLY ACCOUNT NUMBER: 443-14957

Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor. Page 6

Description	Original Trade Date/ Closing Trade Date	Quantity	Cost Basis/ Adjusted Basis	Purchase Price/ Adjusted Price	Sale Price/ Proceeds	Total Realized Gain/(Loss)	Ordinary Income/ Capital Gain/(Loss)
Total Capital gain or (loss) year-to-date							1,481.44

* Based on information supplied by client, not verified by Smith Barney.

** Gain/Loss is only calculated when an original cost basis is available.

The above summary/prices/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. This information is being provided at your request and does not replace or supersede your Smith Barney customer statement. Market values are calculated as of the close of business and are subject to daily market fluctuation.

2462

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
SP	California Student Aid Commission	Student Loans	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute (lodging and meal expenses only)	3/7-9	Wash.,DC-Hershey,PA-Wash.,DC	Y	Y	N	
Human Rights Project, Inc.	3/26-4/5	Seattle-Kathmandu-Delhi-Wash.,DC	Y	Y	N	
Greater Seattle Chamber of Commerce	5/8-13	Wash.,DC-London-Wash.,DC	Y	Y	N	
Opportunities Industrialization Centers (lodging and meal expenses only)	6/1-2	Philadelphia	Y	Y	N	
Sigma One	6/1-3	Seattle-Philadelphia-Raleigh/Durham/Wash.,	Y	Y	N	
Washington Physicians for Social Responsibility	8/7-9/2	Seattle-Amman-Tel Aviv-Athens-Wash., DC	Y	Y	Y	8 days

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Sponsors	Washington Physicians for Social Responsibility
Member, Advisory Committee	Home Instruction Program for Preschool Youngsters (HIPPY)
Member, Advisory Council	Greater Seattle Vietnam Association
Member (ex-officio), Board of Directors	Washington State China Relations Council
Member, Advisory Board	Childhaven
Member, Board of Advisors & Co-Chair, Task Force Steering Group, U.S.-Chongqing Task Force on Energy and Environmental Technology Cooperation	National Bureau of Asian Research
Co-Chair, Advisory Committee	Centurions, Seattle Vocational Institute
Honorary Member	Seattle-Sihanoukville Sister City Association
Honorary Co-Chair	Lawyers Helping Hungry Children

COMMITTEE ON THE BUDGET
COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON TRADE

JIM McDERMOTT
7TH DISTRICT, WASHINGTON

HAND DELIVERED

CHAIRMAN
CONGRESSIONAL TASK FORCE ON
INTERNATIONAL HIV/AIDS

CO-CHAIRMAN
AFRICA TRADE AND
INVESTMENT CAUCUS

CO-CHAIRMAN
CONGRESSIONAL URBAN CAUCUS

Congress of the United States
House of Representatives
Washington, DC 20515

June 5, 1998

(2)
✓
MC

98 JUN -5 PM 4:12

Robin H. Carle, Clerk
U.S. House of Representatives
B-106 Cannon HOB
Washington, DC 20515

Dear Ms. Carle:

In my Financial Disclosure Statement for Calendar year 1997 which was submitted on May 15, 1998, please substitute the attached amended page 7.

Thank you for your assistance.

Sincerely,

Jim McDermott
Member of Congress

Attachments: Page 7 (3)

2349 RAYBURN BUILDING
WASHINGTON, DC 20515-4707
(202) 225-3106

PRINTED ON 100% RECYCLED PAPER

1809 7TH AVENUE, SUITE 1212
SEATTLE, WA 98101-1399
(206) 553-7170

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute (lodging and meal expenses only)	3/7-9	Wash.,DC-Hershey,PA-Wash.,DC	Y	Y	N	
Human Rights Project, Inc.	3/26-4/5	Seattle-Kathmandu-Delhi-Wash.,DC	Y	Y	N	
Greater Seattle Chamber of Commerce	5/8-13	Wash.,DC-London-Wash.,DC	Y	Y	N	
Opportunities Industrialization Centers (lodging and meal expenses only)	6/1-2	Philadelphia	Y	Y	N	
Sigma One	6/1-3	Seattle-Philadelphia-Raleigh/Durham/Wash.,	Y	Y	N	
Washington Physicians for Social Responsibility	8/7-9/2	Seattle-Amman-Tel Aviv-Athens-Wash., DC	Y	Y	Y	17 days

COMMITTEE ON THE BUDGET
COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON TRADE

JIM McDERMOTT HAND DELIVERED
7TH DISTRICT, WASHINGTON

CHAIRMAN
CONGRESSIONAL TASK FORCE ON
INTERNATIONAL HIV/AIDS

CO-CHAIRMAN
AFRICA TRADE AND
INVESTMENT CAUCUS

CO-CHAIRMAN
CONGRESSIONAL URBAN CAUCUS

19

Congress of the United States
House of Representatives
Washington, DC 20515

11 May 1998

RECEIVED
98 MAY 15 PM 4:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAIL PROCESSING CENTER

1

MC

The Honorable Robin H. Carle, Clerk
United States House of Representatives
Room B-106, Cannon House Office Building
Washington, DC 20515

Dear Madam Clerk:

While preparing my Financial Disclosure Statement for calendar year 1997, I discovered that I inadvertently included in my reports for calendar years 1994, 1995, and 1996 an asset which was properly reported in prior calendar years but in fact was sold in 1994.

The asset was a Keyport Life annuity valued in the $50,001 - $100,000 category. This annuity was sold in March, 1994. I hereby amend Schedule IV of my Financial Disclosure Statement for calendar year 1994 to reflect the sale of this asset in the $50,001 - $100,000 category. I also hereby amend Schedule III of my Financial Disclosure Statements for calendar years 1995 and 1996 to delete this asset therefrom.

Additionally, in my Financial Disclosure Statement for 1996, I mistakenly reported the value of my Washington State Deferred Compensation Program account. I reported the value of this asset in the $50,001 - $100,000 category. The correct value of the asset is in the $15,001 - $50,000 category. The asset was accurately reported in all previous filings. I hereby amend Schedule III of my Financial Disclosure Statement for 1996 to reflect the correct value category for this asset.

I apologize for my errors and thank you for your assistance.

Sincerely,

JIM McDERMOTT

2349 RAYBURN BUILDING
WASHINGTON, DC 20515-4707
(202) 225-3106

PRINTED ON 100% RECYCLED PAPER

1809 7TH AVENUE, SUITE 1212
SEATTLE, WA 98101-1399
(206) 553-7170

RECEIVED

98 MAY 14 PM 3:34

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (5)

(Office Use Only)

2469

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

James P. McGovern
(Full Name)

393 Burncoat Street
(Mailing Address)

Worcester MA 01606

Daytime Telephone: 508-831-7356

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James P. McGovern

DATE (Month/Day/Year): 5/15/98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	GENERAL SERVICES ADMINISTRATION (SPOUSE)	SALARY (SPOUSE)	NA

For payments to charity in lieu of honoraria, use Schedule II.

2470

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
SP 1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT 25% interest in 37 Webster Rd. Yarmouth MA (family vacation home)	$15,001 - $50,000	Rent	$1,001 - $2,500	
SP Janus Funds	$1,001 - $15,000	Dividends	$1,001 - $2,500	Inheritance
SP Janus 20 Funds	$1,001 - $15,000	Dividends	$1 - $200	Inheritance
SP Partners' Funds	$1,001 - $15,000	Dividends	$201 - $1,000	Inheritance

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	FLEET MORTAGE, PROVIDENCE	25 % OF MORTAGE ON 37 WEBSTER RD. YARMOUTH MA	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	HERITAGE FOUNDATION (NEW MEMBER ORIENTATION)	1/9 - 1/11/97	DC-CHANTILLY, VA-DC	Y	Y	Y	NO
	ASSOC. OF JESUIT COLLEGES AND UNIVERSITIES (FACT-FINDING DELEGATION TO EL SALVADOR)	11/14 -11/19/97	DC-SAN SALVADOR-DC	Y	Y	N	NO

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 1:31

Paul McHale
(Full Name)

523 8th Avenue
(Mailing Address)

(202) 225-6411
Daytime Telephone

Bethlehem, PA 18018

(Office Use Only) 32

Filer Status	[X] Member of the U.S. House of Representatives — State: PA District: 15th	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Paul McHale

DATE (Month/Day/Year): May 15, 1998

2474

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	See attached 1997 Federal Income Tax Return		
	Communications Consulting Services (S. Spouse)	Professional Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
G. Edwin Pidcock Co., Allentown, PA	Speech	Dec. 24, 1997	$200.

This page may be copied if more space is required.

Name Paul Heller

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster	Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
1.	See attached 1997 Federal Income Tax Return																																
2.	Legislative Pension (PA)					X																											
3.	See attached Legg Mason Client Portfolio Summary							X																									
4.	Air Prod. and Chemicals, Inc				X										X								X										
5.	Life of Virginia (self)					X											X							X									
6.	Life of Virginia (spouse)					X											X							X									

For additional assets and unearned income, use next page.

2477

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Heller

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E.
	7. Core States Bank				X											X							X									
	8. First Sta. Savings Bank			X												X	X					X										
	9. Evergreen Tax Free Fund				X									X		X								X								

This page may be copied if more space is required.

2478

SCHEDULE IV — TRANSACTIONS

Name Paul McHale

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
JT	Real Estate: 13 Acres of Woodland property, Clinton County, Bald Eagle Twp., PA	X			5/97	X									

This page may be copied if more space is required.

2479

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Visitors	U.S. Naval Academy, Annapolis, MD
Board of Associates	Muhlenberg College, Allentown, PA
Board of Directors	Lehigh River Foundation, Bethlehem, PA
Educational Bd. Member	Congressional Youth Leadership Council, Washington, DC
Advisory Bd. Member	Boy Scouts of America (Minsi Trails Council), Lehigh Valley, PA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
5/98	Tallman, Hudders + Sorentino, P.C. Allentown, PA	Future employment: will join as a member of the referenced law firm upon completion of current term.
5/98	Muhlenberg College Allentown, PA	Future employment: will teach as a Distinguished Visiting Professor upon completion of current term.

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

PAUL AND KATHY McHALE

MAY 12, 1998

SECURITY	ACCOUNT	COST	VALUATION
CASH AND CASH EQUIVALENTS:			
Legg Mason Cash Balance	RPQ	0	$ 7,348
CORPORATE BONDS:			
CATS Series R	RPQ	4,566	$13,904
BOND FUNDS - TAX ADVANTAGED:			
Keystone Tax Free	CLJS	24,000	$46,760
GOVERNMENT BACKED SECURITIES:			
FHLMC	RPQ	343	$ 343
VARIABLE ANNUITIES:			
Keyflex	RPQ	14,000	$26,576
Variflex - General	SPIR	4,522	$ 5,731
TOTAL:			$100,660

The foregoing information was prepared from sources believed to be reliable but is not guaranteed as to accuracy It should be carefully reviewed and compared with your Legg Mason monthly statements. Any questions should be referred to your Investment Executive or the Branch Manager.

COPY

Department of the Treasury — Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return 1997** (99) IRS use only — Do not write or staple in this space

For the year Jan 1 - Dec 31, 1997, or other tax year beginning , 1997, ending , 19 OMB No 1545-0074

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Your First Name	MI	Last Name	Your Social Security No.
Paul	F	McHale, Jr	187-42-1831
If a Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No
Katherine	M	McHale	538-58-5317

Home Address (number and street) If You Have a P.O. Box See Instructions — Apartment No

523 Eighth Avenue

City, Town or Post Office If You Have a Foreign Address See Instructions — State — ZIP Code

Bethlehem — PA — 18018-5008

For help finding line instructions, see instructions in the booklet.

Presidential Election Campaign (See instructions.)

	Yes	No
Do you want $3 to go to this fund?	X	
If a joint return, does your spouse want $3 to go to this fund?	X	

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

1 [ ] Single

2 [X] Married filing joint return (even if only one had income)

3 [ ] Married filing separate return. Enter spouse's SSN above & full name here ►

4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►

5 [ ] Qualifying widow(er) with dependent child (year spouse died ► 19). (See instructions.)

Exemptions

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a — No. of boxes checked on 6a and 6b: 2

b [X] Spouse

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1997
Matthew McHale	162-70-2717	Son	12
Mary McHale	162-70-2594	Daughter	12
Luke McHale	165-72-1522	Son	12

If more than six dependents, see instructions.

No. of your children on 6c who • lived with you: 3

• did not live with you due to divorce or separation (see instructions):

Dependents on line 6c not entered above:

Add numbers entered on lines above ► 5

d Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, & 1099-R here.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	151,605.
8a	Taxable interest. Attach Schedule B if required	8a	337.
b	Tax-exempt interest. Do not include on line 8a — 8b: 2,257.		
9	Dividends. Attach Schedule B if required	9	36.
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	80,927.
13	Capital gain or (loss). Attach Schedule D	13	561.
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions — 15a — b Taxable amount (see instrs)	15b	
16a	Total pensions and annuities — 16a — b Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amount (see instrs)	20b	
21	Other income. List type and amount — see instructions	21	
22	Add the amounts in the far right column for lines 7 - 21. This is your **total income** ►	22	233,466.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

If line 32 is under $29,290 (under $9,770 if a child did not live with you), see EIC in the instructions.

23	IRA deduction (see instructions)	23	
24	Medical savings account deduction. Attach Form 8853	24	
25	Moving expenses. Attach Form 3903 or 3903-F	25	
26	One-half of self-employment tax. Attach Schedule SE	26	3,499.
27	Self-employed health insurance deduction (see instructions)	27	
28	Keogh and self-employed SEP and SIMPLE plans	28	10,118.
29	Penalty on early withdrawal of savings	29	
30a	Alimony paid b Recipient's SSN ►==	30a	
31	Add lines 23 - 30a	31	13,617.
32	Subtract line 31 from line 22. This is your **adjusted gross income** ►	32	219,849.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 1040 (1997)

FDA0112 12/10/97

rm 1040 (1997) Paul F McHale, Jr & Katherine M McHale 187-42-1831 Page 2

ax omputation	33 Amount from line 32 (adjusted gross income)		33	219,849.
	34a Check if ☐ You were 65/older, ☐ Blind, ☐ Spouse was 65/older ☐ Blind. Add the number of boxes checked above and enter the total here ► 34a			
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ► 34b			
	35 Enter the larger of your: Itemized deductions from Schedule A, line 28, Or Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 34a or 34b or someone can claim you as a dependent. • Single – $4,150 • Married filing jointly or Qualifying widow(er) – $6,900 • Head of household – $6,050 • Married filing separately – $3,450		35	25,038.
	36 Subtract line 35 from line 33		36	194,811.
you want e IRS to pute your ax, see structions	37 If line 33 is $90,900 or less, multiply $2,650 by the total number of exemptions claimed on line 6d. If line 33 is over $90,900, see the worksheet in the instructions for the amount to enter		37	9,010
	38 **Taxable income.** Subtract line 37 from line 36. If line 37 is more than line 36, enter -0-		38	185,801
	39 Tax. See instrs. Check if any tax from a ☐ Form(s) 8814 b ☐ Form 4972 ►		39	50,873.
Credits	40 Credit for child and dependent care expenses. Attach Form 2441	40 534.		
	41 Credit for the elderly or the disabled. Attach Sch R	41		
	42 Adoption credit. Attach Form 8839	42		
	43 Foreign tax credit. Attach Form 1116	43		
	44 Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	44		
	45 Add lines 40 through 44		45	534.
	46 Subtract line 45 from line 39. If line 45 is more than line 39, enter -0- ►		46	50,339.
Other Taxes	47 Self-employment tax. Attach Schedule SE		47	6,997.
	48 Alternative minimum tax. Attach Form 6251		48	0.
	49 SS and Medicare tax on tip income not reported to employer. Attach Form 4137		49	
	50 Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required		50	
	51 Advance earned income credit payments from Form(s) W-2		51	
	52 Household employment taxes. Attach Schedule H		52	231.
	53 Add lns 46 - 52. This is your **total tax** ►		53	57,567.
Payments	54 Federal income tax withheld from Forms W-2 and 1099	54 31,224.		
	55 1997 estimated tax payments and amount applied from 1996 return	55 17,000.		
Attach Forms W-2, W-2G, and 1099-R to page 1.	56a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount ► and type ►	56a		
	57 Amount paid with Form 4868 (request for extension)	57		
	58 Excess social security and RRTA tax withheld (see instrs)	58		
	59 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	59		
	60 Add lines 54, 55, 56a, 57, 58, and 59. These are your **total payments** ►		60	48,224.
Refund Have it directly deposited! See instructions and fill in 62b, 62c, and 62d.	61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **Overpaid**		61	
	62a Amount of line 61 you want **Refunded to You** ►		62a	
	► b Routing number ____ c Type: ☐ Checking ☐ Savings			
	► d Account number ____			
	63 Amount of line 61 you want **Applied to Your 1998 Estimated Tax** ►	63		
Amount You Owe	64 If line 53 is more than line 60, subtract line 60 from line 53. This is the Amount You **Owe.** For details on how to pay, see instructions ►		64	9,343.
	65 Estimated tax penalty. Also include on line 64	65		

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature ► Date Your Occupation: Legislator

Keep a copy of this return for your records.

Spouse's Signature. If a Joint Return, BOTH Must Sign. ► Date Spouse's Occupation: Consultant

Paid Preparer's Use Only

Preparer's Signature ► Amos G Kunkle CPA Date 04/13/98 Check if self-employed [X] Preparer's Social Security No. 181-32-2880

Firm's Name (or yours if self-employed) and Address ► Amos G. Kunkle, CPA, 1414 Millard Street, Bethlehem PA EIN 23-2381062 ZIP Code 18018-2632

:hedule A
orm 1040)
epartment of the Treasury
ernal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

OMB No 1545-0074

1997
07

ame(s) Shown on Form 1040: aul F. McHale, Jr & Katherine M McHale

Your Social Security Number: 187-42-1831

ledical nd ental xpenses		Caution: *Do not include expenses reimbursed or paid by others*				
	1	Medical and dental expenses (see instructions)	1	1.355.		
	2	Enter amount from Form 1040, line 33 ..... 2 219.849.				
	3	Multiply line 2 above by 7.5% (.075)	3	16.489.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
axes You aid	5	State and local income taxes	5	7.097.		
	6	Real estate taxes (see instructions)	6	3.856.		
See	7	Personal property taxes	7			
nstructions.)	8	Other taxes. List type and amount ▶ Per Capita 20.	8	20.		
	9	Add lines 5 through 8			9	10.973
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	10.862.		
(See instructions.)	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
Note: Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instructions for special rules	12	80.		
	13	Investment interest. Attach Form 4952 if required. (See instructions.)	13			
	14	Add lines 10 through 13			14	10.942.
Gifts to Charity	15	Gifts by cash or check. If you made any gift of $250 or more, see instructions	15	2.248.		
If you made a gift and got a benefit for it, see instructions.	16	Other than by cash or check. If any gift of $250 or more, see instructions. You Must attach Form 8283 if over $500	16			
	17	Carryover from prior year	17			
	18	Add lines 15 through 17			18	2.248.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			19	
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You Must attach Form 2106 or 2106-EZ if required (See instructions.) ▶ See Statement 1 3,000.	20	3.000.		★
	21	Tax preparation fees	21	325.		
(See instructions for expenses to deduct here.)	22	Other expenses — investment, safe deposit box, etc. List type and amount ▶ See Statement 1 4,906.	22	4.906.		
	23	Add lines 20 through 22	23	8.231.		
	24	Enter amount from Form 1040, line 33 ..... 24 219.849.				
	25	Multiply line 24 above by 2% (.02)	25	4.397.		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	3.834.
Other Miscellaneous Deductions	27	Other — from list in the instructions. List type and amount ▶			27	
Total Itemized Deductions	28	Is Form 1040, line 33, over $121,200 (over $60,600 if married filing separately)? No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 35, the larger of this amount or your standard deduction. Yes. Your deduction may be limited. See instructions for the amount to enter.			▶ 28	25.038.

Itemized Deductions Limited per IRC Sec. 68.

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDA0301 10/27/97

Schedule A (Form 1040) 1997

★ Total Reflects $3,000 Statutory Limitation per IRC 162(a) for Washington, DC Living Expenses for Members of Congress

Name(s) Shown on Form 1040 Do Not Enter Name and Social Security Number if Shown on Schedule A	Your Social Security Number
ul F McHale, Jr & Katherine M McHale	187-42-1831

Schedule B — Interest and Dividend Income

08

Part I Interest Income (See instructions.)

Note: If you had over $400 in taxable interest income, you must also complete Part III.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

Name	Amount
Corestates Bank, NA	325.
First Star Savings Bank	12.
Evergreen Funds Tax Free Fund	2,257.
Subtotal	2,594.
Tax-Exempt Interest	-2,257.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1

2 Add the amounts on line 1 . . . . . 2 337.

3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 to Form 1040 3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► 4 337.

Part II Dividend Income (See instructions.)

Note: If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part III.

5 List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 . . ►

Name	Amount
Air Products & Chemicals Inc	20.
Evergreen Funds Tax Free Fund	577.

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

5

6 Add the amounts on line 5 . . . . . 6 597.

7 Capital gain distributions. Enter here and on Schedule D . . 7 561.

8 Nontaxable distributions (See the instructions for Form 1040, line 9.) 8

9 Add lines 7 and 8 . . . . . 9 561.

10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ► 10 36.

Part III Foreign Accounts and Trusts (See instructions.)

You must complete this part if you (a) had over $400 of interest or dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
11a At any time during 1997, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1		X
b If 'yes,' enter the name of the foreign country ►		
12 During 1997, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'yes,' you may have to file Form 3520 or 926. See instructions		X

:hedule C
orm 1040)
partment of the Treasury
ernal Revenue Service (99)

Profit or Loss from Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc, must file Form 1065.
► Attach to Form 1040 or Form 1041. ► See instructions for Schedule C (Form 1040)

OMB No 1545-0074
1997
09

me of Proprietor: Katherine M McHale
Social Security Number (SSN): 538-58-5317

A Principal Business or Profession, Including Product or Service (see instructions): Service, Communications
B Enter Principal Business Code (see instr): ► 7260

C Business Name. If No Separate Business Name, Leave Blank: Katherine McHale
D Employer ID No. (EIN) if Any

E Business Addr (include suite or room no.) City, Town or P.O., State, & ZIP Code ► 523 Eighth Avenue Bethlehem, PA 18018-5008

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ►

G Did you 'materially participate' in the operation of this business during 1997? If 'No,' see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 1997, check here ►

Part I Income

1	Gross receipts or sales. **Caution:** *If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here* ► [ ]	1	97,279.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	97,279.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	97,279.
6	Other income, including federal and state gasoline or fuel tax credit or refund	6	
7	**Gross income.** Add lines 5 and 6 ►	7	97,279.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19 Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10	Car and truck expenses (see instrs)	10	378.	a Vehicles, machinery, and equipment	20a	
11	Commissions and fees	11		b Other business property	20b	
12	Depletion	12		21 Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	4,160.	22 Supplies (not included in Part III)	22	
				23 Taxes and licenses	23	
				24 Travel, meals, and entertainment		
				a Travel	24a	1,405.
14	Employee benefit programs (other than on line 19)	14		b Meals and entertainment		
15	Insurance (other than health)	15		c Enter 50% of line 24b subject to limitations (see instrs)		
16	Interest:					
a	Mortgage (paid to banks, etc)	16a		d Subtract line 24c from line 24b	24d	
b	Other	16b		25 Utilities	25	3,557.
17	Legal and professional services	17		26 Wages (less employment credits)	26	
18	Office expense	18	392.	27 Other expenses (from line 48 on page 2)	27	3,165.

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns ►	28	13,057.
29	Tentative profit (loss). Subtract line 28 from line 7	29	84,222.
30	Expenses for business use of your home. Attach Form 8829	30	3,155.
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3 • If a loss, you must go on to line 32	31	81,067.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3	32a	[ ] All investment is at risk
	• If you checked 32b, you must attach Form 6198	32b	[ ] Some investment is not at risk

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1997

FDI20112 07/25/97

Part III Cost of Goods Sold (See instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include salary paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	

Part IV Information on Your Vehicle. Complete this part Only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ►

44 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:
a Business b Commuting c Other

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8 - 26 or line 30.

Cable	565.
Database Search Fee	600.
On-Line Services	250.
Release Fees	1,750.

48 Total other expenses. Enter here and on page 1, line 27	48	3,165.

hedule C
rm 1040)
partment of the Treasury
ernal Revenue Service (99)

Profit or Loss from Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc, must file Form 1065.
► Attach to Form 1040 or Form 1041. ► See instructions for Schedule C (Form 1040).

OMB No 1545-0074
1997
09

Name of Proprietor: Paul F McHale, Jr
Social Security Number (SSN): 187-42-1831

A Principal Business or Profession, Including Product or Service (see instructions): Attorney
B Enter Principal Business Code (see instr) ► 7617

C Business Name. If No Separate Business Name, Leave Blank: Paul F. McHale, Esquire
D Employer ID No. (EIN), If Any

E Business Addr (include suite or room no.) City, Town or P.O., State, & ZIP Code ► 523 Eighth Avenue
Bethlehem, PA 18018-5008

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ►

G Did you "materially participate" in the operation of this business during 1997? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 1997, check here ► [ ]

Part I Income

1 Gross receipts or sales. Caution: *If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here* ►	1	183.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	183.
4 Cost of goods sold (from line 42 on page 2)	4	
5 **Gross profit.** Subtract line 4 from line 3	5	183.
6 Other income, including federal and state gasoline or fuel tax credit or refund	6	
7 **Gross income.** Add lines 5 and 6 ►	7	183.

Part II Expenses. Enter expenses for business use of your home only on line 30

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10		a Vehicles, machinery, and equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	
			23 Taxes and licenses	23	175.
			24 Travel, meals, and entertainment:		
14 Employee benefit programs (other than on line 19)	14		a Travel	24a	
15 Insurance (other than health)	15		b Meals and entertainment		
16 Interest:			c Enter 50% of line 24b subject to limitations (see instrs)		
a Mortgage (paid to banks, etc)	16a		d Subtract line 24c from line 24b	24d	
b Other	16b		25 Utilities	25	
17 Legal and professional services	17		26 Wages (less employment credits)	26	
18 Office expense	18		27 Other expenses (from line 48 on page 2)	27	148.

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns ►	28	323.
29 Tentative profit (loss). Subtract line 28 from line 7	29	-140.
30 Expenses for business use of your home. Attach Form 8829	30	
31 **Net profit or (loss).** Subtract line 30 from line 29.		
• If a profit, enter on **Form 1040, line 12,** and also on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3		
• If a loss, you must go on to line 32	31	-140.
32 If you have a loss, check the box that describes your investment in this activity (see instructions)		
• If you checked 32a, enter the loss on **Form 1040, line 12,** and also on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3	32a [X]	All investment is at risk
• If you checked 32b, you must attach **Form 6198**	32b [ ]	Some investment is not at risk.

BAA For **Paperwork Reduction Act Notice, see Form 1040 instructions.**

Schedule C (Form 1040) 1997

FDIZ0112 07/25/97

Part III **Cost of Goods Sold** (See instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include salary paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **Only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When first place your vehicle in service for business purposes? (month, day, year) ► _____

44 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30.

Continuing Education	148.
48 **Total other expenses.** Enter here and on page 1, line 27	148.

Schedule D (Form 1040)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1040. ► See instructions for Schedule D (Form 1040).
► Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

1997

12

Name(s) Shown on Form 1040: Paul F. McHale, Jr & Katherine M McHale

Your Social Security Number: 187-42-1831

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example 100 shares 'XYZ' Co)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) GAIN or (LOSS) FOR ENTIRE YEAR Subtract (e) from (d)
1					

2 Enter your short term totals, if any, from Schedule D-1, line 2	2		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2	3		
4 Short-term gain from Forms 2119 and 6252, and short-term gain or (loss) from Forms 4684, 6781, and 8824	4		
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1996 Capital Loss Carryover Worksheet	6		
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) ►	7		

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a) Description of property (Example 100 shares 'XYZ' Co)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) GAIN or (LOSS) FOR ENTIRE YEAR Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) * (see instructions)
8						

9 Enter your long-term totals, if any, from Schedule D-1, line 9	9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9	10			
11 Gain from Form 4797, Part I; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11			
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12			
13 Capital gain distributions	13	561.	76.	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 14 of your 1996 Capital Loss Carryover Worksheet	14			
15 Combine lines 8 through 14 in column (g)	15		76	
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f) ►	16	561.		

* 28% Rate Gain or Loss includes all gains and losses in Part II, column (f) from sales, exchanges, or conversions (including installment payments received) either:
- Before May 7, 1997, or
- After July 28, 1997, for assets held more than 1 year but not more than 18 months.

It also includes All 'collectibles gains and losses' (as defined in the instructions).

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1997

FDIA0612 10/24/97

Part III Summary of Parts I and II

17	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13		17	561.
	Next: Complete Form 1040 through line 38. Then, go to Part IV to figure your tax if • Both lines 16 and 17 are gains, and, • Form 1040, line 38, is more than zero.			
18	If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses • The loss on line 17; or • ($3,000) or, if married filing separately, ($1,500)		18	
	Next: Complete Form 1040 through line 36. Then, complete the **Capital Loss Carryover Worksheet** if • The loss on line 17 exceeds the loss on line 18, or • Form 1040, line 36, is a loss.			

Part IV Tax Computation Using Maximum Capital Gains Rates

19	Enter your taxable income from Form 1040, line 38			19	185,801.
20	Enter the smaller of line 16 or line 17	20	561		
21	If you are filing Form 4952, enter the amount from Form 4952, line 4e	21			
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	561		
23	Combine lines 7 and 15. If zero or less, enter -0-	23	76.		
24	Enter the smaller of line 15 or line 23, but not less than zero	24	76.		
25	Enter your unrecaptured section 1250 gain, if any (see instructions)	25			
26	Add lines 24 and 25	26	76.		
27	Subtract line 26 from line 22. If zero or less, enter -0-			27	485.
28	Subtract line 27 from line 19. If zero or less, enter -0-			28	185,316.
29	Enter the smaller of line 19 or $41,200 ($24,650 if single, $20,600 if married filing separately, $33,050 if head of household)			29	41,200.
30	Enter the smaller of line 28 or line 29			30	41,200.
31	Subtract line 22 from line 19. If zero or less, enter -0-			31	185,240.
32	Enter the larger of line 30 or line 31			32	185,240.
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies			33	50,755.
34	Enter the amount from line 29			34	41,200.
35	Enter the amount from line 28			35	185,316.
36	Subtract line 35 from line 34. If zero or less, enter -0-			36	0.
37	Multiply line 36 by 10% (.10)			37	0.
38	Enter the smaller of line 19 or line 27			38	485.
39	Enter the amount from line 36			39	0.
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	485.
41	Multiply line 40 by 20% (.20)			41	97.
42	Enter the smaller of line 22 or line 25			42	0.
43	Add lines 22 and 32	43	185,801.		
44	Enter the amount from line 19	44	185,801.		
45	Subtract line 44 from line 43. If zero or less, enter -0-			45	0.
46	Subtract line 45 from line 42. If zero or less, enter -0-			46	0.
47	Multiply line 46 by 25% (.25)			47	0.
48	Enter the amount from line 19			48	185,801.
49	Add lines 32, 36, 40, and 46			49	185,725.
50	Subtract line 49 from line 48			50	76.
51	Multiply line 50 by 28% (.28)			51	21.
52	Add lines 33, 37, 41, 47, and 51			52	50,873.
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies			53	50,957.
54	**Tax.** Enter the smaller of line 52 or line 53 here and on Form 1040, line 39			54	50,873.

me of Person with Self-Employment Income (as Shown on Form 1040) | Social Security Number of Person with Self-Employment Income ▶

ather ine M McHale | 538-58-5317

ection B — Long Schedule SE

Part I Self-Employment Tax

Note: *If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.*

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had $400 or more of other net earnings from self-employment, check here and continue with Part I ▶

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note: *Skip this line if you use the farm optional method. See instructions*		1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. Note: *Skip this line if you use the nonfarm optional method. See instructions*		2	81,067.
3 Combine lines 1 and 2		3	81,067.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3		4a	74,865.
b If you elected one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c Combine lines 4a and 4b. If less than $400, do not file this schedule; you do not owe self-employment tax. Exception. If less than $400 and you had church employee income, enter -0- and continue ▶		4c	74,865.
5a Enter your church employee income from Form W-2. Caution: *See the instructions for definition of church employee income*	5a		
b Multiply line 5a by 92.35% (.9235). If less than $100, enter -0-		5b	0.
6 Net earnings from self-employment. Add lines 4c and 5b		6	74,865.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1997		7	65,400.
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	8a 26,478.		
b Unreported tips subject to social security tax (from Form 4137, line 9)	8b		
c Add lines 8a and 8b		8c	26,478.
9 Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶		9	38,922.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)		10	4,826.
11 Multiply line 6 by 2.9% (.029)		11	2,171.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 47		12	6,997.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 26	13 3,499.		

Part II Optional Methods to Figure Net Earnings (See instructions.)

Farm Optional Method. You may use this method only if:

- Your gross farm income(1) was not more than $2,400, or
- Your gross farm income(1) was more than $2,400 and your net farm profits(2) were less than $1,733.

14 Maximum income for optional methods	14	1,600.
15 Enter the smaller of: two-thirds (2/3) of gross farm income(1) (not less than zero) or $1,600. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if:

- Your net nonfarm profits(3) were less than $1,733 and also less than 72.189% of your gross nonfarm income(4), and
- You had net earnings from self-employment of at least $400 in 2 of the prior 3 years.

Caution: *You may use this method no more than five times.*

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income(4) (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

(1) From Schedule F, line 11, and Schedule K-1 (Form 1065), line 15b.

(2) From Schedule F, line 36, and Schedule K-1 (Form 1065), line 15a.

(3) From Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a.

(4) From Schedule C, line 7; Schedule C-EZ, line 1; and Schedule K-1 (Form 1065), line 15c.

Form 2441 | **Child and Dependent Care Expenses** | 1997

Department of the Treasury, Internal Revenue Service (99)

► Attach to Form 1040.
► See separate instructions.

Attachment Sequence No. 21

Name(s) Shown on Form 1040: Paul F McHale, Jr & Katherine M McHale

Your Social Security Number: 187-42-1831

Before you begin, you need to understand the following terms. See Definitions in the instructions.

- **Dependent Care Benefits**
- **Qualifying Person(s)**
- **Qualified Expenses**
- **Earned Income**

Part I **Persons or Organizations Who Provided the Care** — You must complete this part. (If you need more space, use the bottom of page 2.)

1 (a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Jane Blake	914 Seventh Avenue Bethlehem, PA	245-76-7080	365.
See Additional Child Care Providers			2,305.

Did you receive dependent care benefits? — No → Complete only Part II below. — Yes → Complete Part III on page 2 next.

Caution: *If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040.*

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 1997 for the person listed in column (a)
Matthew	McHale	162-70-2717	890.
See Additional Qualifying Person(s)			1,780.

3 Add the amounts in column (c) of line 2. Do not enter more than $2,400 for one qualifying person or $4,800 for two or more persons. If you completed Part III, enter the amount from line 24	3	2,670.
4 Enter your earned income	4	133,460.
5 If married filing a joint return, enter your spouse's earned income (If student or disabled, see the instructions); all others, enter the amount from line 4	5	104,263.
6 Enter the smallest of line 3, 4, or 5	6	2,670.
7 Enter the amount from Form 1040, line 33 — 7: 219,849.		

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is — Over	But not over	Decimal amount is	If line 7 is — Over	But not over	Decimal amount is
$0	10,000	.30	$20,000	22,000	.24
10,000	12,000	.29	22,000	24,000	.23
12,000	14,000	.28	24,000	26,000	.22
14,000	16,000	.27	26,000	28,000	.21
16,000	18,000	.26	28,000	No limit	.20
18,000	20,000	.25			

8	X	0.20
9 Multiply line 6 by the decimal amount on line 8. Enter the result. Then, see the instructions for the amount of credit to enter on Form 1040, line 40	9	534.

For Paperwork Reduction Act Notice, see separate instructions.

chedule H
orm 1040)

partment of the Treasury
ternal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, 1040-SS, or 1041.
► See separate instructions.

OMB No. 1545-0074

1997

44

me of Employer

Social Security Number
538-58-5317

Employer Identification Number
None

atherine M McHale

A Did you pay **any one** household employee cash wages of $1,000 or more in 1997? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

[X] Yes. Skip questions B and C and go to line 1.
[ ] No. Go to question B.

B Did you withhold federal income tax during 1997 for any household employee?

[ ] Yes. Skip question C and go to line 5.
[ ] No. Go to question C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 1996 or 1997 to household employees? (Do not count cash wages paid in 1996 or 1997 to your spouse, your child under age 21, or your parent.)

[ ] No. **Stop.** Do not file this schedule.
[ ] Yes. Skip lines 1 - 9 and go to line 10.

Part I Social Security, Medicare, and Income Taxes

1 Total cash wages subject to social security taxes (see instructions)	1	1,505.		
2 Social security taxes. Multiply line 1 by 12.4% (.124)			2	187.
3 Total cash wages subject to Medicare taxes (see instructions)	3	1,505.		
4 Medicare taxes. Multiply line 3 by 2.9% (.029)			4	44.
5 Federal income tax withheld, if any			5	0.
6 Add lines 2, 4, and 5			6	231.
7 Advance earned income credit (EIC) payments, if any			7	
8 **Total social security, Medicare, and income taxes.** Subtract line 7 from line 6			8	231.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 1996 or 1997 to household employees? (Do not count cash wages paid in 1996 or 1997 to your spouse, your child under age 21, or your parent.)

[X] No. **Stop.** Enter the amount from line 8 above on Form 1040, line 52, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the line 9 instructions.

[ ] Yes. Go to line 10.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule H (Form 1040) 1997

FDIA9412 11/19/97

Part II Federal Unemployment (FUTA) Tax

	Yes	No
8 Did you pay unemployment contributions to only one state?		
9 Did you pay all state unemployment contributions for 1997 by April 15, 1998? Fiscal year filers, see instructions		
10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		

11 If you answered 'Yes' to all of the questions above, complete Section A
If you answered 'No' to any of the questions above, skip Section A and complete Section B

Section A

12 Name of the state where you paid unemployment contributions ►

13 State reporting number as shown on state unemployment tax return ►

14 Contributions paid to your state unemployment fund (see instructions) 15

15 Total cash wages subject to FUTA tax (see instructions) 16

16 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 17

Section B

18 Complete all columns below that apply (if you need more space, see instructions)

(a) Name of State	(b) State reporting no. as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period From	(d) To	(e) State experience rate	(f) Multiply column (c) by .054	(g) Multiply column (c) by column (e)	(h) Subtract column (g) from column (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund

19 Totals 19

20 Add columns (h) and (i) of line 19 20

21 Total cash wages subject to FUTA tax (see instructions) 21

22 Multiply line 21 by 6.2% (.062) 22

23 Multiply line 21 by 5.4% (.054) 23

24 Enter the smaller of line 20 or line 23 24

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 25

Part III Total Household Employment Taxes

26 Enter the amount from line 8 26

27 Add line 17 (or line 25) and line 26 27

28 Are you required to file Form 1040 or 1040A?

☐ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 52, or Form 1040A, line 27. Do not complete Part IV below.

☐ No. You may have to complete Part IV. See instructions.

Part IV Address and Signature — Complete this part only if required. See instructions.

Address (number and street) or P.O. Box if Mail is Not Delivered to Street Address | Apt. Room or Suite Number

City, Town or Post Office, State, and ZIP Code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

► Employer's Signature ► Date

Form 2106-EZ | Unreimbursed Employee Business Expenses | OMB No. 1545-1241 | 1997

Department of the Treasury Internal Revenue Service (99) | ▶ Attach to Form 1040. | 54A

Your name	Social Security Number	Occupation in Which You Incurred Expenses
Catherine M McHale	538-58-5317	Naval Officer

Part I General Information

You may use this form Only if all of the following apply:

- You are an employee deducting expenses attributable to your job.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
  - a You own your own vehicle, and
  - b You are using the standard mileage rate for 1997 and also used it for the year you first placed the vehicle in service.

Part II Figure Your Expenses

1 Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 31-1/2¢ (.315)	1	624.
2 Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	
5 Meals and entertainment expenses: $ _____ x 50% (.50)	5	
6 Total expenses. Add lines 1 through 5. Enter here and on line 20 of Schedule A (Form 1040). (Fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See instructions for special rules on where to enter this amount.)	6	624.

Part III Information on Your Vehicle. Complete this part Only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 07/01/93

8 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:

a Business 1,980 b Commuting _____ c Other 21,020

9 Do you (or your spouse) have another vehicle available for personal use? [X] Yes [ ] No

10 Was your vehicle available for use during off-duty hours? [X] Yes [ ] No

11a Do you have evidence to support your deduction? [X] Yes [ ] No

b If "Yes," is the evidence written? [X] Yes [ ] No

Form 2106-EZ

Department of the Treasury
Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

▶ Attach to Form 1040.

OMB No. 1545-0074

1997

54A

Name	Social Security Number	Occupation in Which You Incurred Expenses
ul F McHale, Jr	187-42-1831	Legislator

Part I General Information

You may use this form Only if all of the following apply:

- You are an employee deducting expenses attributable to your job
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
  - a You own your own vehicle, and
  - b You are using the standard mileage rate for 1997 and also used it for the year you first placed the vehicle in service

Part II Figure Your Expenses

1 Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 31 1/2¢ (.315)	1	
2 Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	6,600.
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	
5 Meals and entertainment expenses: $ 3,300. x 50% (.50)	5	1,650.
6 Total expenses. Add lines 1 through 5. Enter here and on line 20 of Schedule A (Form 1040). (Fee basis state or local government officials, qualified performing artists, and individuals with disabilities: See instructions for special rules on where to enter this amount.)	6	8,250.

Part III Information on Your Vehicle. Complete this part Only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business purposes? (month, day, year) ▶

8 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

9 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

10 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

11a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2106-EZ (1997)

FDIA7501 10/31/97

2500

Form 8829 | Department of the Treasury Internal Revenue Service (99)

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040).
Use a separate Form 8829 for each home you used for business during the year.
► See separate instructions.

OMB No 1545-1266

1997

66

Name(s) of Proprietor(s): Catherine M McHale

Your Social Security Number: 538-58-5317

Part I Part of Your Home Used for Business

Service, Communications

1 Area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples. See instructions		1	250
2 Total area of home		2	2,500
3 Divide line 1 by line 2. Enter the result as a percentage		3	10.00%
• For day-care facilities not used exclusively for business, also complete lines 4 - 6.			
• All others, skip lines 4 - 6 and enter the amount from line 3 on line 7.			
4 Multiply days used for day care during year by hours used per day	4 hr		
5 Total hours available for use during the year (365 days x 24 hours). See instructions	5 8,760 hr		
6 Divide line 4 by line 5. Enter the result as a decimal amount	6		
7 Business percentage. For day-care facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3		► 7	10.00%

Part II Figure Your Allowable Deduction

		(a) Direct expenses	(b) Indirect expenses		
8 Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions				8	84,222.
See instrs for columns (a) & (b) before completing lines 9-20					
9 Casualty losses. See instructions	9				
10 Deductible mortgage interest. See instructions	10		12,069.		
11 Real estate taxes. See instructions	11		4,284.		
12 Add lines 9, 10, and 11	12		16,353.		
13 Multiply line 12, column (b) by line 7			13 1,635.		
14 Add line 12, column (a) and line 13				14	1,635.
15 Subtract line 14 from line 8. If zero or less, enter -0-				15	82,587.
16 Excess mortgage interest. See instructions	16				
17 Insurance	17		488.		
18 Repairs and maintenance	18		8,465.		
19 Utilities	19		5,814.		
20 Other expenses. See instructions	20				
21 Add lines 16 through 20	21		14,767.		
22 Multiply line 21, column (b) by line 7			22 1,477.		
23 Carryover of operating expenses from 1996 Form 8829, line 41			23 0		
24 Add line 21 in column (a), line 22, and line 23				24	1,477.
25 Allowable operating expenses. Enter the smaller of line 15 or line 24				25	1,477.
26 Limit on excess casualty losses and depreciation. Subtract line 25 from line 15				26	81,110.
27 Excess casualty losses. See instructions			27		
28 Depreciation of your home from Part III below			28 43.		
29 Carryover of excess casualty losses and depreciation from 1996 Form 8829, line 42			29 0.		
30 Add lines 27 through 29				30	43.
31 Allowable excess casualty losses and depreciation. Enter the smaller of line 26 or line 30				31	43.
32 Add lines 14, 25, and 31				32	3,155.
33 Casualty loss portion, if any, from lines 14 and 31. Carry amount to Form 4684, Section B				33	
34 Allowable expenses for business use of your home. Subtract line 33 from line 32. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions				► 34	3,155.

Part III Depreciation of Your Home

35 Enter the smaller of your home's adjusted basis or its fair market value. See instructions	35	
36 Value of land included on line 35	36	
37 Basis of building. Subtract line 36 from line 35	37	
38 Business basis of building. Multiply line 37 by line 7	38	
39 Depreciation percentage. See instructions	39	%
40 Depreciation allowable. Multiply line 38 by line 39. Enter here and on line 28. See instructions See Attached	40	43.

Part IV Carryover of Unallowed Expenses to 1998

41 Operating expenses. Subtract line 25 from line 24. If less than zero, enter -0-	41	0.
42 Excess casualty losses and depreciation. Subtract line 31 from line 30. If less than zero, enter -0-	42	0.

For Paperwork Reduction Act Notice, see separate instructions.

FDIA6901 10/22/97 Form 8829 (1997)

Form 4562 | Depreciation and Amortization (Including Information on Listed Property) | OMB No. 1545-0172 | 1997

Department of the Treasury, Internal Revenue Service (99) — See instructions. Attach this form to your return.

67

Name(s) Shown on Return	Business or Activity to Which This Form Relates	Identifying Number
ul F McHale, Jr & Katherine M McHale	Sch C Service, Communications	187-42-1831

Part I Election to Expense Certain Tangible Property (Section 179)
(Note: *If you have any "listed property," complete Part V before you complete Part I.*)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	$18,000.
2	Total cost of section 179 property placed in service. See instructions	2	4,138.
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	18,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
ell Computer	3,028	3,028
edtasource	1,110	1,110

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,138
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	4,138
10	Carryover of disallowed deduction from 1996. See instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	18,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	4,138.
13	Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12 ► 13	0	

Note: *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

Part III MACRS Depreciation for Assets Placed in Service Only During Your 1997 Tax Year
(Do Not Include Listed Property)

Section A – General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ► ☐

Section B – General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Other Depreciation (Do Not Include Listed Property) (See instructions)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1997	17	43.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	22.

Part V Summary (See instructions)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	21	4,203
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see the separate instructions.

FDI20812 10/20/97 Form 4562 (1997)

Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A – Depreciation and Other Information (Caution: *See instructions for limits for passenger automobiles.*)

22 Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 23b If Yes, is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Expense section 179 cost
24 Property used more than 50% in a qualified business use (see instructions):								
25 Property used 50% or less in a qualified business use (see instructions):								
1) Ford Van	07/01/93	5.22						
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27

Section B – Information On Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
28 Total business/investment miles driven during the year (Do not include commuting miles)	1,200					
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven	21,800					
31 Total miles driven during the year. Add lines 28 through 30	23,000					

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?	X											
33 Was the vehicle used primarily by a more than 5% owner or related person?	X											
34 Is another vehicle available for personal use?	X											

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: *If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1997 tax year:					
41 Amortization of costs that began before 1997				41	
42 Total. Enter here and on 'Other Deductions' or 'Other Expenses' line of your return				42	

Schedule A **Miscellaneous Itemized Deductions Statement** **1997**
Lines 20, 22, 27 ► Attach to return (after all IRS forms) **Statement** 1

Name(s) Shown on Return	Social Security Number
Paul F McHale, Jr & Katherine M McHale	187-42-1831

Employee Business Expenses – Subject to 2% Limitation

1	Unreimbursed employee expenses from Form 2106	1	8,874.
2	Excluded expenses from Form 2555	2	
3	Other unreimbursed employee business expenses:		
a	Union and professional dues	3 a	
b	Professional subscriptions	b	
c	Uniforms and protective clothing	c	
d	Job search costs	d	
e	Other:	e	
4	**Total unreimbursed employee business expenses**	4	3,000.

Miscellaneous Expenses – Subject to 2% Limitation Investment Expense ↓

5	Depreciation and amortization deductions		5	
6	Casualty/theft losses of income-producing property, Form 4684/4797		6	
7	REMIC expenses, from Schedule E		7	
8	Investment expenses related to dividend income		8	
9	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1		9	
10	Miscellaneous deductions excluded on Form 2555		10	
11	Other miscellaneous expenses:			
a	Investment counsel and advisory fees		11 a	
b	Certain attorney and accounting fees		b	
c	Safe deposit box rental fees		c	
d	IRA custodial fees		d	
e	Other:			
	As per the Mem. of Congr. Comp. of Limit on Unrelm. Liv. Exp. & Other Misc. Item		e	4,906.
12	**Total miscellaneous expenses**		12	4,906.

Other Miscellaneous Deductions – Not Subject to 2% Limitation

13	Federal estate tax paid on decedent's income reported on this return	13	
14	Miscellaneous deductions excluded on Form 2555	14	
15	Impairment-related expenses of a handicapped employee, from Form 2106	15	
16	Amortizable bond premiums on bonds acquired before 10/23/86	16	
17	Gambling losses (to the extent of gambling income)	17	
18	Other miscellaneous deductions:	18	
19	**Total other miscellaneous deductions**	19	

Form 2441
Additional Child Care Providers

1 (a) Care provider's name	(b) Address (number, street, apt no., city, state, and ZIP Code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
Courtney Blake	914 Seventh Avenue Bethlehem, PA	280-74-4246	1,505.
Melissa Margaritis	752 Mountain Avenue Wyckoff, NJ 07481	153-64-3725	800.
Total			2,305

Form 2441
Additional Qualifying Person(s)

(a) Qualifying person's name First	MI	Last	(b) Qualifying person's social security number	(c) Qualified expenses less Line 18
Mary		McHale	162-70-2594	890.
Luke		McHale	165-72-1522	890.
Total				1,780.

Supporting Statement of:

Schedule C (Service, Communications) -- Form 8829 (Copy 1)/Line 19b

Description	Amount
Electric	2,487.71
Oil	2,452.03
Water	714.71
Trash	160.00
Total	5,814.45

PAUL McHALE
15TH DISTRICT, PENNSYLVANIA

217 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3815
(202) 225–6411

COMMITTEES:
NATIONAL SECURITY

SCIENCE

RECEIVED
98 JUN 11 AM 9:39

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–3815

DISTRICT OFFICES:
28 EAST THIRD STREET
BETHLEHEM, PA 18015–1392
(610) 866–0816

SUITE 203
HAMILTON FINANCIAL CENTER
ONE CENTER SQUARE
ALLENTOWN, PA 18101–2192
(610) 439–8861

1603 LEHIGH STREET
EASTON, PA 18042–3935
(610) 258–8383

168 MAIN STREET
PENNSBURG, PA 18073–1398
(215) 541–0874

1

June 10, 1998

The Honorable James V. Hansen
Chairman
Committee on Standards of Official Conduct
HT2, The Capitol
Washington DC 20515-6328

MC

Dear Mr. Chairman:

I respectfully request that my financial disclosure statement be amended with the following information:

The real estate purchase noted on Schedule IV should also have been listed as an asset on Schedule III. Therefore, on Schedule III, item number 10 would note 13 acres of woodland property, held jointly, valued at (c) $1,001 - $15,000, purchased in 1997.

And to clarify a question that arose as to whether or not the Evergreen Tax Free Fund listed on Schedule III was purchased in 1997, it was not. It is a new name for the Keystone Tax Exempt Trust which has been reported in my previous House financial disclosure statements.

Thank you for your attention to this matter.

Sincerely,

Paul McHale

Paul McHale
Member of Congress

PRINTED ON RECYCLED PAPER
THIS MAILING WAS PREPARED, PUBLISHED, AND MAILED AT TAXPAYER EXPENSE

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 14 AM 10: 59

JOHN M. McHugh
(Full Name)

PO Box 863, Pierrepont MANOR, N.Y. 13674
(Mailing Address)

Daytime Telephone
(315)-465-5261

MC
(Office Use Only)

9

Filer Status	[X] Member of the U.S. House of Representatives	State: N.Y. District: 24	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John M. McHugh

DATE (Month/Day/Year): MAY 14, 1998

2507

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1997	$2,000
XYZ Magazine	Article	Aug 13, 1997	$500
NONE			

This page may be copied if more space is required.

2508

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN McHugh

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP.	Examples					X								X										X									P
DC.	Mega Corp Stock																																
JT	Simon & Schuster			Indefinite																Royalties									X				
	1st Bank of Paducah, KY accounts						X									X									X								
	KEY BANK NA STOCK			X										X							X	X											
	KEY BANK NA C.D.			X												X						X											
	NORSTAR BANK WATERTOWN C.D.			X												X							X										
	MARINE MIDLAND BANK SAVINGS	X														X						X											
	CONGRESSIONAL FEDERAL CREDIT UNION			X												X							X										
	STATE EMPLOYEES FEDERAL CREDIT UNION	X														X						X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN McHugh

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	CONGRESSIONAL FEDERAL CREDIT UNION - OFFICE ACCOUNT			X												X						X										

This page may be copied if more space is required.

2511

SCHEDULE IV — TRANSACTIONS

Name JOHN McHugh

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	NONE														

This page may be copied if more space is required.

2512

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	KEY BANK, WATERTOWN, N.Y.	LOAN ON RECREATIONAL BOAT	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	JUNE 29-July 4	WASH. D.C. - Hong Kong - WASH DC	Y	Y	N	N

This page may be copied if more space is required.

Name JOHN McHugh | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER of THE BOARD	UNITED STATES MILITARY ACADEMY AT WEST POINT

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED

98 MAY 15 PM 4:29

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Scott McInnis
(Full Name)

215 Cannon
(Mailing Address)
Washington DC 20515

Daytime Telephone: 202-225-4761

HAND DELIVERED (6)
(Office Use Only)

Filer Status				
[X]	Member of the U.S. House of Representatives	State: CO District: 03	[ ] Officer or Employee	Employing Office:

Report Type			
[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Scott McInnis

DATE (Month/Day/Year): 5/14/98

2516

Name Scott McInnis	Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the
list is included in each Member's filing package. For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	National Association of Independent Insurers	Speech	March 5, 1997	$500.00

Name Scott McInnis | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
SP	Alpine Bank of Colorado Savings	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Scott McInnis & Associates, PC	$1,001 - $15,000	Interest	$1,001 - $2,500	
JT	Mutual of Omaha IRAs	$15,001 - $50,000	Interest	$2,501 - $5,000	
JT	Bank of Colo (f.k.a. Colo National Bank) IRAs	$15,001 - $50,000	Interest	$1,001 - $2,500	
	1st Federal Savings (deferred income)	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	David Smith Ranch Stock	$15,001 - $50,000	Dividends	$1 - $200	
	Alpine Bank IRA	$1,001 - $15,000	Interest	$201 - $1,000	

2518

7 -

Name Scott McInnis | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Invest Parnership	$15,001 - $50,000	Interest	None	
	Alpine Bank Savings	$100,001 - $250,000	Interest	$5,001 - $15,000	
	AG Edwards Savings	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	US Bank Corp Savings	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	Natural Gas Investors	$1,001 - $15,000	none	None	
	Superior Industrial Stock	$1,001 - $15,000	none	None	
	LTIC, Inc.	$15,001 - $50,000	none	None	P
JT	Townhome-Lot 1, Hills#1, Washington County (St. George, Utah) 1/6 ownership	$1,001 - $15,000	I don't know	$1 - $200	
JT	S&L McInnis LLLP 1%	$15,001 - $50,000	Dividends, Interest	$201 - $1,000	
	Daxon McInnis Irrevocable Trust	$250,001 - $500,000	Dividends, Interest	$2,501 - $5,000	E
	Tessa McInnis Irrevocable Trust	$250,001 - $500,000	Dividends, Interest	$2,501 - $5,000	E
	Andrea McInnis Irrevocable Trust	$250,001 - $500,000	Dividends, Interest	$2,501 - $5,000	E
	Invest Partnership: Applewood Sterling	$15,001 - $50,000	none	None	
	" " 3D Corp	$50,001 - $100,000	none	None	

Name Scott McInnis | Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Invest Partnership: 3D Systems	Purchase	2/27/97	$1,001 - $15,000
	3D Systems	Sold	4/3/97	$1,001 - $15,000
	Applewood Sterling MHP	Purchase	5/2/97	$15,001 - $50,000
JT	3D Corp (LLLP)	Purchase		$50,001 - $100,000

Name Scott McInnis	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	LLLP	Line of Credit	$50,001 - $100,000

RECEIVED

98 MAY 15 AM 10: 26

(5)

MC

(Office Use Only)

2522

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

David Martin McIntosh
(Full Name)

1401 West University Avenue Muncie, IN 47303
(Mailing Address)

Daytime Telephone
(202)225-3021

Filer Status	[X] Member of the U S House of Representatives	State IN District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David McIntosh

DATE (Month/Day/Year) 05/12/98

Name David Martin McIntosh

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example Partnership Income or Farm Income)	BLOCK D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E: P, S, E
SP, DC, JT	Examples	SP	Mega Corp Stock				X								X																		P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
JT	Charles Schwab One Account				X												X						X										
JT	Stein Roe Young Investors Mutual Fund				X													X					X										P
JT	Invesco Strategies Technology Mutual Fund				X										X			X							X								P
	Charles Schwab IRA				X												X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Martin McIntosh

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Charles Schwab IRA				X									X									X									
JT	Bath State Fed. CU			X												X						X										

This page may be copied if more space is required.

2524

Name David Martin McIntosh | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Farm Bureau	01/06/97	Indpls-Nashville-D.C.	N	Y	N	N
	The Leadership Institute	3/21-3/24	D.C.-Tucson-Indpls	Y	Y	Y	1 Day
	Midwest Young President's Organization Conference	9/26-9/29	D.C.-Monterey-D.C.	Y	Y	Y	N

This page may be copied if more space is required.

Name	David Martin McIntosh	Page	of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
National Co-Chairman	Federalist Society for the Law and Public Policy
Board Member	National Endowment for Democracy
Visiting Board Member	Regent University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

65—

2526

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 JUN -9 AM 10:43
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HC
(3)
HAND DELIVERED
(Office Use Only)

David Martin McIntosh
(Full Name)

1401 West University Avenue Muncie, IN 47303
(Mailing Address)

Daytime Telephone: (202)225-3021

Filer Status	[X] Member of the U.S. House of Representatives — State: IN District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David McIntosh

DATE (Month/Day/Year) 06/04/98

2527

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Martin McIntosh

Page 1 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
JT	Barron Small Capital Fund			X													X						X									P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name David Martin McIntosh

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
JT	Stein Roe Young Investors Mutual Fund	X			04/18/97	X									
JT	Invesco Strategies Technology Mutual Fund	X			04/18/97	X									
JT	Barron Small Capital Fund	X			10/17/97	X									
JT	Invesco Strategies Technology Mutual Fund	X			06/17/97	X									
JT	Stein Roe Young Investors Mutual Fund	X			06/17/97	X									
JT	Invesco Strategies Technology Mutual Fund	X			10/14/97	X									

This page may be copied if more space is required.

2530

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 JUN 11 PM 4:26
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(3)

HAND DELIVERED
MC
(Office Use Only)

David Martin McIntosh
(Full Name)

1401 West University Avenue Muncie, IN 47303
(Mailing Address)

Daytime Telephone
(202)225-3021

Filer Status	[X] Member of the U.S House of Representatives	State: IN District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David McIntosh

DATE (Month/Day/Year) 06/10/98

Name David Martin McIntosh | Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
JT	Charles Schwab One Account				X												X						X										
JT	Stein Roe Young Investors				X													X					X										P
	Mutual Fund																																
JT	Invesco Strategies Tech.				X										X			X							X								P
	Mutual Fund																																
	Charles Schwab IRA				X												X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Martin McIntosh

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Charles Schwab IRA				X									X									X									
JT	Ball State Fed. CU			X												X						X										
JT	Barron Small Capital Fund			X													X						X									P

This page may be copied if more space is required.

2532

2533

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

98 MAY 15 PM 2:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Mike McIntyre (Douglas Carmichael McIntyre, II)
(Full Name)

1701 North Chestnut Street
(Mailing Address)

Lumberton NC 28358

Daytime Telephone: (202) 225-2731

MC HAND DELIVERED (4)
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State NC District 07	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Mike McIntyre (Douglas Carmichael McIntyre II)

DATE (Month/Day/Year) May 14, 1998

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples.* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT 102 Elizabethtown Road, Lumberton, NC	$50,001 - $100,000	Rent	$5,001 - $15,000	
IRA, Branch Banking & Trust, Lumberton, NC	$15,001 - $50,000		NA	
SP IRA, Branch Banking & Trust, Lumberton, NC	$1,001 - $15,000		NA	
JT Checking account, BB&T, Lumberton, NC	$1,001 - $15,000	Interest	None - $200	

2534

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Branch Banking & Trust, Lumberton, NC	Mortgage on rental property	$15,001 - $50,000
	Douglas & Thelma McIntyre, Lumberton, NC	Mortgage on rental property	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Tobacco Institute	2/13 - 2/16	Washington, DC - Phoenix, AZ - Washington, DC	Y	Y	Y	No
The Aspen Institute	3/7 - 3/9	Washington, DC - Hershey, PA - Washington, DC	Y	Y	Y	No

2536

98 MAY 20 PM 4:24

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

2537

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Howard P. "Buck" McKeon
(Full Name)

307 Cannon Bldg., Washington
(Mailing Address)

225-1956
Daytime Telephone

HAND DELIVERED

MC (Office Use Only) (10)

Filer Status	[X] Member of the U.S. House of Representatives	State: Ca. District: 25	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Howard P. "Buck" McKeon

DATE (Month/Day/Year): May 14, 1998

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Tongour + Co.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X										X								
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	McKeon Bros., a Partnership (1/2 Interest)						X								X												X					
	Leasehold - 19415 Sol Gyn. Bl., C.C.				X										X								(Net)		X	X	(Gross)					
	Rental House - 30007 Grand Motors, C.C.				X										X									X								
	" Condo - 24444 B Hampton Dr., Val				X										X								X									
	" House - Parada, Val.				X										X									X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

Page 3 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Howard + Phil Ent, Inc. - Corp Stock	X																			X											
	Charles Schwab + Co. - M.M. Fund + Accts															X								X								
	Nationwide Health PPTYS - Common Stock				X									X											X							
	Fid. Sel. Am. Gold - Mut. Fund	X															X									X						S
	Fid. Contra " "			X													X					X										P
	Fid. OTC Port. " "			X													X					X										P
	Fid Sel. Elect. " "			X													X					X										P
	U.S. Bonds	X														X						X										S
	Dean Witter IRA (42904)																															
	Nat. Health PPTYS - Common Stock				X									X									X									
	Motorola " "	X															X									X						S
	Novell " "			X																	X											
	Plum Creek Timber			X										X									X									
	Ford Motor Co " "				X									X									X									P
	Franklin Covey " "			X																	X											P
	Pepsico Inc. " "			X										X								X										P
	Schlumberger Ltd " "			X										X								X										P
	Tricon Global Rest Inc " "		X																		X											P
	Dean Witter IRA (42905)																															
	Franklin Covey - Common Stock			X																	X											
	House of Fabrics " "		X																		X											
	Nat. Health PPTYS - " "			X										X									X									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

SP, DC, JT	Block A: Asset and/or Income Source	Block B: Year-End Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
JT	Novell Common Stock	C: $1,001 – $15,000		I: None	
	Pepsico Inc.	C: $1,001 – $15,000	DIVIDENDS	II: $1 – $200	P
	Tricon Global Rest.	B: $1 – $1,000		I: None	P
	Dean Witter Liq. Assets-M.M. Fund				
	Franklin Covey – Common Stock	C: $1,001 – $15,000		I: None	
	Baker Hughes Inc	C: $1,001 – $15,000	DIVIDENDS	II: $1 – $200	P
	Condo - 1120 Village Rd #306 Beaver Creek, Colo.	G: $250,001 – $500,000	RENT; CAPITAL GAINS	X: $100,001 – $1,000,000	S
	Val. Nat. Bank - Checking Acct.	A: None	INTEREST	II: $1 – $200	
	Cong Fed. Credit Union - Checking	C: $1,001 – $15,000	INTEREST	II: $1 – $200	
	" " " " Savings	B: $1 – $1,000	INTEREST	III: $201 – $1,000	

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Howard P. "Buck" McKeon | Page 5 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
JT	Baker Hughes, Inc. Common Stock	X			7-17-97	X									
	Pepsico Inc. " "	X			10-28-97	X									
	Novell Inc. " "	X			7-2-97	X									
	Pepsico Inc. " "	X			7-2-97	X									
	" " " "	X			3-21-97	X									
	Novell Inc " "	X			4-25-97	X									
	Nat. Health Prop. " "	X			5-1-97	X									
	Novell Inc. " "	X			3-21-97	X									
	Motorola Inc " "	X			3-21-97	X									
	Novell Inc. " "	X			3-21-97	X									
	Papsico Inc. " "	X			3-21-97	X									
	Motorola Inc " "		X		7-2-97		X								
	Schlumberger Ltd. " "	X			7-2-97	X									
	Ford Motor Co. " "	X			7-2-97	X									
	Franklin Covey " "	X			7-2-97	X									
	Pepsico " "	X			7-2-97	X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Howard P. "Buck" McKeon Page 6 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-97		X								
JT	Ford Motor Co. Common Stock	X			10-28-97	X									
	Pepsico Inc. " "	X			10-28-97	X									
	Schlumberger Ltd. " "	X			10-29-97	X									
	Fid. Sel. Am. Gold Mut. Fund		X		1-28-97	X									
	Fid. OTC Port. " "	X			1-28-97	X									
	" Contra " "	X			1-28-97	X									
	" Sel. Elect. " "	X			1-28-97	X									
	Nat. Health Prop. Common Stock	X			1-28-97	X									
JT	BEAVER CREEK CONDO		X		1-7-97				X						
I	Tricon Global Rest, Inc. " "	X			10-15-97	Dividend from Pepsico									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Citicorp - P.O. Box 790016 St. Louis, Mo. 63179-0016	Mort - 1120 Village Rd #305, Beaver Creek Colo.				X						
	Val. Nat. Bank - 23920 Valencia Blvd, Valencia Ca 91355	" 30007 Grandi Flores, Canyon Country, Ca.					X					
	First Fed., Ca.	" 24444 B Hampton Dr, Valencia Ca.				X						
	First Fed, Ca.	" 25830 Parada Dr. " "				X						
	Val. Nat. Bank	" 1120 Village Rd. #305 Beaver Creek Colo			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Howard P. "Buck" McKeon | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Mar. 7-9, 1997	Wash, D.C.-Hershey, Penn., Wa. DC	Y	Y	Y	N
	American Assoc. of Community Colleges	Apr. 13, '97	Santa Clarita - Anaheim - Santa Clarita	Y	N	Y	N
	Calif. Student Aid Commission	May 30, 31, '97	L.A. - Monterey - L.A.	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Dec. '92	McKeon Brothers - Howard & Phil Ent., Inc.	Reduced salary and responsibilities, with regard to family business as approved by Committee on Standards of Official Conduct.

GPO: 1996 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

93 MAY 14 AM 11:47

CYNTHIA A. McKINNEY
(Full Name)

124 CANNON HOUSE OFFICE BLDG.
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone: 202-225-1605

MV (3)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) 5/14/98

2547

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	PHILADELPHIA CHAPTER OF THE NATIONAL COALITION OF 100 BLACK WOMEN	MAR. 15-16	ATLANTA - PHILADELPHIA - ATLANTA	Y	Y	N	N
	HUMAN RIGHTS CAMPAIGN	APR. 19-20	ATLANTA - CLEVELAND - ATLANTA	Y	Y	N	N
	NORTH CAROLINA LEGISLATIVE BLACK CAUCUS	MAY 31	ATLANTA - DURHAM, NC - ATLANTA	N	N	N	N
	INTERNATIONAL SECURITY PROGRAMS	MAY 29	ATLANTA - NEW YORK CITY - ATLANTA	N	N	N	N
	NATIONAL POLITICAL CONGRESS OF BLACK WOMEN	JUL. 18	DC - DETROIT - ATLANTA	Y	Y	N	N
	SOUTHWEST COMMUNITY EMPOWERMENT CENTER	SEPT. 20-21	ATLANTA - SAN ANTONIO - ATLANTA	Y	Y	N	N
	MILWAUKEE NAACP	SEPT. 26	DC - MILWAUKEE - NEW YORK	Y	Y	N	N
	SUNY UNIVERSITY	SEPT. 27	NEW YORK - DC	N	N	N	N
	NEWARK NAACP AND DEMOCRATIC WOMEN'S FORUM OF BUCKS COUNTY	OCT. 24-25	ATLANTA - NEWARK - PHILADELPHIA - DC	Y	Y	N	N
	NEW JERSEY PEACE ACTION AND NASHVILLE PEACE ACTION	NOV. 15-16	ATLANTA - NEWARK - NASHVILLE - ATLANTA	Y	Y	N	N
	THE NATION	DEC. 7-8	ATLANTA - NEW YORK - ATLANTA	N	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER - BOARD OF DIRECTORS	DIKEMBE MUTOMBO FOUNDATION, INC.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1998 46-280 (mac)

Use additional sheets if more space is required.

98 MAY 14 PM 3:03

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

(Office Use Only)

2550

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Michael Robert McNulty
(Full Name)

86 West Street
(Mailing Address)

Green Island, New York 12183

Daytime Telephone
(202) 225-5076

Filer Status: [X] Member of the U.S. House of Representatives — State ____ District ____ [ ] Officer or Employee — Employing Office ____

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael R. McNulty

DATE (Month/Day/Year): May 14, 1998

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Green Island Insurance (commissions)	Renewal Commissions	$2,713.64

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
The Connell Company	Speech	April 28, 1997	$2,000
American Watch Association	Speech	May 14, 1997	$2,000

This page may be copied if more space is required.

Name Hon. Michael Robert McNulty

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I $1 – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000; XI	P, S, E
SP, DC, JT — *Examples*	SP Mega Corp Stock	X	X	X	P
	Simon & Schuster	Indefinite	Royalties		
	1st Bank of Paducah, KY accounts	X	X	X	
	Green Island Insurance 5501 Seminary Rd (201-S) Falls Church, Va (Purchased in 1989 - own Leased in Aug, 1997	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Michael Robert McNulty

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E
	NONE/NA																															

This page may be copied if more space is required.

2554

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	NONE														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Wright Patman Congressional Federal Credit Union	Personal Line of Credit	X									
	Wright Patman Congressional Federal Credit Union	VISA	X									
	C.L. King Associates, Inc. Albany, New York	SECURED LOAN			X							
	MBNA	Master Card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Connell Company	Apr 28	Alb - Newark - DCA	N	Y	N	N
	American Watch Assoc.	May 14	Washington, D.C.	N	Y	N	N

This page may be copied if more space is needed.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Bd. of Directors	Capital Region Technology Development Council (not compensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON TRADE
SUBCOMMITTEE ON OVERSIGHT

WASHINGTON OFFICE
2161 RAYBURN BUILDING
WASHINGTON, D.C. 20515-3221
(202) 225-5076

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 JUN 10 AM 11:41
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

INSIDE MAIL

DISTRICT OFFICES
ROOM 827
LEO W. O'BRIEN
FEDERAL BUILDING
ALBANY, NY 12207
(518) 465-0700

U.S. POST OFFICE
SCHENECTADY, NY 12305
(518) 374-4547

33 2ND STREET
TROY, NY 12180
(518) 271-0822

9 MARKET STREET
AMSTERDAM, NY 12010
(518) 843-3400

MICHAEL R. McNULTY
CONGRESS OF THE UNITED STATES
21ST DISTRICT, NEW YORK

June 8, 1998

(1)

MC

Hon. Robin Carle
Clerk, U.S. House of Representatives
H154 The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

I am writing to amend my 1997 Financial Disclosure Statement.

I inadvertently omitted from Schedule V information concerning my mortgage on rental property I own located at 5501 Seminary Road, Falls Church, Virginia.

The Creditor should be listed as Greater Atlantic Savings Bank, FSB, Vienna, Virginia; the type of liability should be listed as a mortgage on 5501 Seminary Road, #201-S, Falls Church, Virginia; the amount of liability should be checked within box D - $50,001-$100,000.

Thank you for accepting this amendment and clarifications. If there is any additional information needed, please contact me.

Sincerely,

Michael R. McNulty

Michael R. McNulty
Member of Congress

RECEIVED
98 JUN -9 PM 2:15

PRINTED ON RECYCLED PAPER

RECEIVED

98 MAY 15 PM 1:33

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Martin T. Meehan
(Full Name)

320 Clark Road
(Mailing Address)

202/225-3411
Daytime Telephone

Lowell, MA 01852-3124

MC (Office Use Only) 5

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 5th	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Martin T. Meehan

DATE (Month/Day/Year): May 15, 1998

2560

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lawrence General Hospital	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
National Council of Univ. Research Administrators	Speech	April 14, 1997	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
	Congressional FCU Savings				X											X						X										
	New York Life Insur. Co.			X												X						X										
SP	Fleet Bank Savings			X												X						X										
SP	Fleet Bank IRA				X											X					NA											
SP	Fidelity IRA			X												X					NA											

For additional assets and unearned income, use next page.

2563

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	University of Mass. Research Foun and Nat'l Council of Univ. Research Administrators	April 14	Mystic, CT - Lowell, MA	N	N	N	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 15 PM 2:37
CLERK OF THE HOUSE OF REPRESENTATIVES

(7)

MC HAND DELIVERED

Carrie P. Meek
(Full Name)

401 Cannon House Office Bldg.
Washington D.C. 20515
(Mailing Address)

202-225-4506
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State FL District 17	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Carrie P. Meek

DATE (Month/Day/Year): May 13, 1998

2565

Name Carrie P. Meek | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Florida	Teacher's Pension	52,628

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Brokers Savings Bank					X										X								X								
	Travelers Tax Sheltered Annuity						X									X								X								
	Credit Unions: Fla. + Congressional						X									X								X								
	Met Life Asset Annuity			X												X							X									
	Renex Corporation				X									X								X										
	Nation's Bank Checking			X												N/A					X											

For additional assets and unearned income, use next page.

2567

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carrie P. Meek

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Nations Bank Money Market			X												X						X										
	Nations Bank Trust			X												X						X										
	2nd home 1830 Lafette Tallahassee, Fla.					X									X											X						

This page may be copied if more space is required.

2568

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Ryland Mortgage Co.	Mortgage, 1830 Larette Tallahassee, Fla		X								
	Maryland Bank, Citicorp, Optima	credit cards		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Bipartisan Congressional Retreat	Mar. 7-9	Wash, D.C. - Hershey, Pa - Wash., D.C.	Y	Y	N	N
	Fla. Chamber of Commerce		Wash. D.C. - Orlando, Fla -	Y	Y	N	N
	Harris Corporation	Feb. 13-14	Miami, Fla				

This page may be copied if more space is required.

2570

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Community Action Agency Dade County, Fla

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 18 PM 3:35

✓ HAND DELIVERED

MU (Office Use Only) (2)

Carrie P. Meek
(Full Name)

401 Cannon HOB Washington D.C. 20515 202-225-4506
(Mailing Address) Daytime Telephone

Filer Status	☐ Member of the U.S. House of Representatives — State FL District 17	☐ Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	☐ Annual (May 15) ☒ Amendment	☐ Termination — Termination Date:	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Carrie P. Meek

DATE (Month/Day/Year): 5/18/98

2572

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Community Action Agency Dade County, Fla

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

CARRIE P. MEEK
17TH DISTRICT, FLORIDA

COMMITTEE ON
APPROPRIATIONS

SUBCOMMITTEES
TREASURY, POSTAL
SERVICE, AND GENERAL
GOVERNMENT

VA, HUD, AND
INDEPENDENT AGENCIES

RECEIVED
98 MAY 28 AM 9 26
INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515–0917

Please Respond To
401 CANNON HOUSE
OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–4506
(202) 225–0777 FAX

25 WEST FLAGLER STREET
SUITE 1015
MIAMI, FL 33130
(305) 381–9541
(305) 381–4376 FAX

May 26, 1998

MC

Hon. Robin H. Carle, Clerk
U.S. House of Representatives
H-154 The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

In preparing my 1997 financial disclosure statement, I discovered an error in my 1996 statement which I would like to correct herewith.

I inadvertently listed "Community Broadcasters" in my 1996 statement as an asset; it should properly have been listed as a transaction, because the asset was sold on October 4, 1996. The amount of the transaction was between $15,001 and $50,000.

Thank you for your kind attention to this matter.

Sincerely,

Carrie P. Meek

CARRIE P. MEEK
Member of Congress

CPM/js

RECEIVED
98 MAY 27 AM 11:59
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A

For use by Members, officers, and employees

98 MAY 14 PM 4:45

CLERK OF THE HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

(Office Use Only)

GREGORY W. MEEKS

(Full Name)

660 Grassmere Terrace

(Mailing Address)

202-225-3461

Daytime Telephone

Far Rockaway, NY 11691

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 6	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Gregory W. Meeks

DATE (Month/Day/Year): 5/14/98

2575

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Assembly	Legislative Salary	$57,500
	New York State Assembly	Spouse Salary	$50,000

For payments to charity in lieu of honoraria, use Schedule II.

2576

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gregory W. Meeks

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset (Block B)	Type of Income (Block C)	Amount of Income (Block D)	Transaction (Block E)
SP, DC, JT	Examples	SP	A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED TRUST, QUALIFIED BLIND TRUST, Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Mega Corp Stock		X	X	X	P
	Simon & Schuster		Indefinite	Royalties	X	
	1st Bank of Paducah, KY accounts		X	X	X	
	NONE					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gregory W. Meeks

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	NONE																														

This page may be copied if more space is required.

2579

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	NONE														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

2582

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	New York State Assembly

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1998 45-260 (mac)

Use additional sheets if more space is required.

RECEIVED
RECORDS MANAGEMENT RECORDS CENTER
98 JUN 10 PM 2:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

2

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Gregory W. Meeks
(Full Name)

660 Grassmere Terrace
(Mailing Address)

202-225-3461
Daytime Telephone

Far Rockaway, NY 11691

Filer Status	[X] Member of the U.S. House of Representatives — State: NY District: 6	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Gregory W. Meeks

DATE (Month/Day/Year) 6/10/98

2584

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Gregory W. Meeks

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock					X							X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts						X									X									X						
	Merrill Lynch Global Alloc.					X																X											
	Merrill Lynch Latin Amer. Fund			X																		X											
	Nicolas Appelgate Core Growth					X																X											

For additional assets and unearned income, use next page.

2585

RECEIVED

98 MAY 15 PM 2:53

HAND DELIVERED

MC

(Office Use Only)

10

2586

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Robert Menendez
(Full Name)

517 - 15th Street, Union City, NJ 07087
(Mailing Address)

201/222-2828
202/225-7919
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: NJ District: 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert Menendez

DATE (Month/Day/Year): May 15, 1998

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Union City Board of Education, 3912 Bergen Turnpike, Union City, NJ	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent; or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP	Mega Corp Stock					X							X										X								P
DC			Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X									X							
JT	1806 West St.,Union City								X							X												X					
JT	535-41st St, Union City								X							X												X					
JT	Trust Co.of NJ-money market																																CLOSED
JT	Union City Savings,Sav.Acct				X												X							X									
JT	Fidelity Growth Portfolio (Annuity)						X										X										X						
JT	Advanced Micro Dev				X										none							X											

For additional assets and unearned income, use next page.

2588

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Menendez

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Ascend Comm			x										none							x											P
JT	HUBCO, Inc.			x										x								x										P
DC	HUBCO, Inc.				x									x									x									P
DC	K Mart			x										none							x											
JT	LeCroy Corp.			x										none							x											
JT	LSI Logic			x										none							x											P
DC	Merck & Co.				x									x									x									
DC	Microchip Technology			x										none							x											
JT	Morgan Dean Witter			x										x								x										
JT	Motorola, Inc.			x										x								x										
JT	National Semi			x										none							x											P
DC	Paging Network			x										none							x											P
DC	Pepsico, Inc.			x										x								x										
DC	Prudential Jennison Fund Class B			x										x								x										
DC	Prudential Pacific Fund			x										x								x										
JT	Sentex Tech		x											none							x											
DC	Tricon Global			x										none							x											
DC	Zenith Electronics			x										none							x											P
JT	Teleport Communications				x									none							x											
DC	Bay Networks, Inc.			x										none							x											
JT	Xetel Corp.			x										none							x											P
JT	Cypress	x												none							x											P, S

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Menendez

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	State of N.J. - Pension				INDEFINITE																											
SP	Oppenheimer (Annuity)			x												x						x										
SP	Oppenheimer (Annuity)			x												x						x										
	Congressional Credit Union			x												x						x										

This page may be copied if more space is required.

Name Robert Menendez

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-97		X								
JT	Intel Corp.		x		5-28-97		x								
JT	K Mart Corp.		x		12-22-97	x									
JT	Summit Bancorp		x		4-2-97	x									
JT	Advanced Micro Development		x		12-31-97	x									
JT	Cypress SemiCond		x		12-31-97	x									
JT	Cyrix Corp		x		8-1-97	x									
DC	Quaker Oats Co.		x		4-4-97	x									
DC	Summit Corp		x		4-2-97	x									
DC	Toys R Us, Inc.		x		2-13-97	x									
JT	Advanced Micro Dev.	x			5-28-97	x									
JT	Advanced Micro Dev.	x			8-1-97	x									
JT	Ascend Communications	x			8-4-97	x									
JT	Ascend Communications	x			12-22-97	x									
JT	Ascend Communications	x			12-31-97	x									
JT	Cyrix Corp	x			5-28-97	x									
JT	Cypress Semiconductor	x			5-6-97	x									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Robert Menendez

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
JT	HUBCO, Inc.	x			4-2-97	x									
JT	LSI Logic Corp	x			7-8-97	x									
JT	LSI Logic Corp.	x			12-31-97	x									
JT	National Semiconductor	x			5-28-97	x									
JT	Xetel Corp.	x			2-3-97	x									
DC	HUBCO, Inc.	x			4-2-97	x									
DC	Paging Network	x			2-13-97	x									
DC	Paging Network	x			7-8-97	x									
DC	Zenith Electronics	x			4-4-97	x									
DC	Tricon - Spinoff of Pepisco (given)														

This page may be copied if more space is required.

2592

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Union City Savings	Mortgage on 1806 West St. Union City	X									
JT	Union City Savings	" on 41st St., Union City				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assn. of American Railroads	Apr.4-7	Newark,NJ Newark,NJ-W.Palm Beach,Fl-	Y	Y	Y	N
	U.S.Cuba Business Council	Apr.12-15	Newark,NJ-Miami,Fl-Wash,DC	Y	Y	N	N
	Cyprus Federation of America	Aug.21-29	NY-Athens-Cyprus-NY	Y	Y	Y	N

This page may be copied if more space is required.

2594

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
5/10/93	Henry Furst, Esq.	Buyout of law practice & deferred compensation for legal services prior to entering Congress. To date, full compensation has not been made.

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

ROBERT MENENDEZ
13TH DISTRICT, NEW JERSEY

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
SURFACE TRANSPORTATION
WATER RESOURCES
COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEES
AFRICA
WESTERN HEMISPHERE AFFAIRS

CHIEF DEPUTY WHIP

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–3013

REPLY TO
☐ 405 CANNON H.O.B.
WASHINGTON, DC 20515–3013
(202) 225–7919

DISTRICT OFFICES
☐ 911 BERGEN AVENUE
JERSEY CITY, NJ 07306
(201) 222–2828
☐ 654 AVENUE C
BAYONNE, NJ 07002
(201) 823–2900
☐ 275 HOBART STREET
PERTH AMBOY, NJ 08861
(908) 324–6212

May 15, 1998

1

HC

RECEIVED
98 MAY 15 PM 4:09

The Honorable Robin H. Carle
Clerk of the House of Representatives
H-154, U.S. Capitol
Washington, D.C. 20515-0003

Dear Ms. Carle:

In typing my 1997 financial disclosure form, an account on page 3 (the first page of Schedule III) was mistakenly marked as a joint annuity.

Item number 5, Fidelity Growth Portfolio Annuity, is mistakenly listed as jointly held. This portfolio is held by my spouse and should have been listed as such.

I would appreciate it if you would amend my disclosure to reflect this accurately. Thank you.

Sincerely,

Robert Menendez
Member of Congress

RM:kgk

98 MAY 15 AM 10:06

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

(5)

2597

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Jack Metcalf
(Full Name)
4693 Saratoga Road
Langley, WA 98260
(Mailing Address)
Daytime Telephone 202-225-2605

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jack Metcalf

DATE (Month/Day/Year) 5/15/98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Log Castle Bed and Breakfast	B&B Income	20,000
	Washington State Retirement System	Pension	13,200

For payments to charity in lieu of honoraria, use Schedule II.

2598

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Metcalf

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	IRA Whidbey Island Bank			X													X						N/A										
SP	IRA, Whidbey Island Bank			X													X						N/A										
JT	Coin Collection				X																	X											
JT	Checking, Whidbey Isl. Bank				X												X						X										
JT	Checking, Whidbey Isl. Bank			X																		X											
JT	Savings, Teachers C.U.			X													X						X										

For additional assets and unearned income, use next page.

2599

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Metcalf

Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Checking, US Bank, Langley		X																		X											
JT	Savings, US Bank, Langley		X													X						X										
JT	Checking, CFCU, WP		X																		X											
JT	Savings, CFCU, WP		X													X						X										
	Trust Asset:																															
	54 Acres (55 share)						X														X											
	7 Acres (55 share)							X						X									X									
	(Both in Langley, WA)																															

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Jerome Levy Econ. Inst.	Apr. 10-11	Wash., DC - Rhinebeck, NY	Y	Y	N	N
	Raytheon	Jul. 21	Wash., DC - Marlborough, MA	N	Y	N	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE OFFICE
98 JUN 11 AM 8 37
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

(3)

Jack Metcalf
(Full Name)

4693 Saratoga Road
Langley, WA 98260
(Mailing Address)

Daytime Telephone 202-225-2605

Filer Status	[X] Member of the U S House of Representatives — State WASHINGTON District 02	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jack Metcalf

DATE (Month/Day/Year) June 10, 1998

2602

Name | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK Transact — Indicate if asset was purchase (P), sold or exchanged (E) in reporting year.

			Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples.*	SP	Mega Corp. Stock					X								X																		P
			Simon & Schuster		Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts					X										X									X							
			IRA Whidbey Island Bank			X												X						I	N	A								
SP			IRA, Whidbey Island Bank			X												X						I	N	A								
JT			Coin Collection				X																	I	X									
JT			Checking, Whidbey 1st Bank				X											X								X								
JT			Checking, Whidbey 1st Bank			X																		I	X									
JT			Savings, Teachers C.U.			X												X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK Transac P, S, E
JT	Checking, US Bank, Langley			X																		X											
JT	Savings, US Bank, Langley			X												X							X										
JT	Checking, CFCU, WP			X																		X											
JT	Savings, CFCU, WP			X												X							X										
	TRUST ASSET:																																
	54 ACRES (1/5 Share)						X															X											
	9 ACRES (1/5 Share)							X							X									X									
	(Both in Langley WA)																																

This page may be copied if more space is required.

2604

RECEIVED

98 MAY 15 PM 4:10

HAND DELIVERED

(7)

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

John L. Mica
(Full Name)

2195 Via Tuscany
(Mailing Address)

Winter Park FL 32789

Daytime Telephone: 202-225-4035

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/98

2605

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP Mega Corp. Stock JT 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
MK Development, Winter Park, FL, 50% Interest	$1,000,001 - $5,000,000	Rent	$50,001 - $100,000	S
Winter Park Antique Mall, Inc., Winter Park, FL: Business Dissolved in 1997	$15,001 - $50,000	Retail Sales	$15,001 - $50,000	Dissolved
Mortgage, Amy Ball, Maitland, FL; Satisfied/paid in full 1997	$1,001 - $15,000	Interest	$5,001 - $15,000	Mortgage Satisfied
15 3rd Street, NE, Wash. DC, Units 2, 4, 5 & two garage units	$250,001 - $500,000	Rent	$5,001 - $15,000	
305 East Capitol Street, SE, Washington, DC 50% interest, rental unit	$100,001 - $250,000	Rent	$5,001 - $15,000	

2606

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Park Lake Woods, Condo rental, units 8B, 9B, Maitland, FL	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Park Lake Woods, Condo, Unit 5A, Maitland, FL 50% partnership	$15,001 - $50,000	Rent	$2,501 - $5,000	
	2195 Via Tuscany, Winter Park, FL	$500,001 - $1,000,000	None, personal residence	None	
	Lot 21, Chetola Estates, Blowing Rock, NC	$250,001 - $500,000	None, personal residence	None	
	1305 S. Atlantic Ave., Unit 130, Cocoa Beach, FL	$100,001 - $250,000	Rent	$2,501 - $5,000	
	Bank of Winter Park, Winter Park, FL	$500,001 - $1,000,000	Interest	$15,001 - $50,000	
	National Bank of Commerce, Winter Park, FL	$250,001 - $500,000	Interest	$15,001 - $50,000	
	George Mason/United Bank, Washington DC (IRA)	$15,001 - $50,000	Interest	None	
	U.S. Senate Federal Credit Union, Wash. DC (IRA and Savings)	$15,001 - $50,000	Interest	$201 - $1,000	
	Wright Patman Congressional Credit Union, Wash., DC	$1 - $1,000	Interest	$1 - $200	
	Delta Chi Alumni Assoc., Loan to Housing Fund	$1,001 - $15,000	Interest	None	
	First Citizens Bank, Blowing Rock, NC	$1 - $1,000	Non-interest Checking	None	
	Metropolitan Life (IRA)	$100,001 - $250,000	Interest	None	
	MD Cellular Communications Venture, Winter Park, FL. Dissolved in 1997	None	None	None	Dissolved
	Centennial Cellular Corp. Stock	$100,001 - $250,000	Capital Gains	$100,001 - $1,000,000	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	MK Development, sale of interest (50%) to partners, Temple Trail Joint Ventures, Winter Park, FL. Received $100,000 mortgage @ prevailing commercial interest rate; also 4 townhouse lots on Temple Trail, Winter Park, FL	Sold	12/31/97	$500,001 - $1,000,000
	Centennial Cellular Corp. Stock	Sold	7/19/97	$100,001 - $250,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	First Union Bank, Raleigh, NC	Mortgage on Unit 130, Cocoa Beach Condominium	$15,001 - $50,000
	American Savings Bank	Mortgage on Units 8 & 9, Park Lake Woods Condominium	$15,001 - $50,000
	GMAC Mortgage Corp., Waterloo, IA	Mortgage on Unit 5A, Park Lake Woods Condo, Maitland, FL	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Eastern General Managers Association. (Conference)	July 11-15	Wash., D.C. - Cooperstown, NY, Wash., D.C.	N	Y	N	2 Days
(ISTED) Institute des Sciences et des Techniques de L'equipment et de L'Environment pur le Development (Florida High Speed Rail Project)	Feb. 14-24	Wash., D.C - Paris, Wash., D.C.	Y	Y	Y	5 Days
Slovak League of America (Speech)	June 28-29	Wash., D.C. -Mount Pocono, PA-Wash., D.C.	Y	N	N	No
National Rail Conference/AHI, Rail-Volution (Conference)	Oct. 26-27	Wash., D.C. - St. Louis - Wash., D.C.	Y	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Vice President	Winter Park Antique Mall, Inc., Winter Park, FL (Dissolved 1997)
President	MK Development Corp., Winter Park, FL (Sold interest in 1997)
Partner	Mica/Temple Trail Properties, Units 5A, Park Lake Woods, Condominium, Winter Park, FL
Director	MD Cellular Communications Venture, Winter Park, FL (Dissolved 1997)

RECEIVED
98 JUN 10 PM 2:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

4

2612

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

John L. Mica
(Full Name)

2195 Via Tuscany
(Mailing Address)

Winter Park FL 32789

Daytime Telephone: 202-225-4035

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [ ]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6/9/98

Name John L. Mica | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
MK Development, Winter Park, FL, 50% Interest	None	Rent	$50,001 - $100,000	S
Winter Park Antique Mall, Inc., Winter Park, FL: Business Dissolved in 1997	None	Retail Sales	$15,001 - $50,000	Dissolved
Mortgage, Amy Ball, Maitland, FL; Satisfied/paid in full 1997	None	Interest and Principal	$5,001 - $15,000	Mortgage Satisfied
15 3rd Street, NE, Wash. DC, Units 2, 4, 5 & two garage units	$250,001 - $500,000	Rent	$5,001 - $15,000	
305 East Capitol Street, SE, Washington, DC 50% interest, rental unit	$100,001 - $250,000	Rent	$5,001 - $15,000	

Name John L. Mica | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Park Lake Woods, Condo rental, units 8B, 9B, Maitland, FL	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Park Lake Woods, Condo, Unit 5A, Maitland, FL 50% partnership	$15,001 - $50,000	Rent	$2,501 - $5,000	
	2195 Via Tuscany, Winter Park, FL	$500,001 - $1,000,000	None, personal residence	None	
	Lot 21, Chetola Estates, Blowing Rock, NC	$250,001 - $500,000	None, personal residence	None	
	1305 S. Atlantic Ave., Unit 130, Cocoa Beach, FL	$100,001 - $250,000	Rent	$2,501 - $5,000	
	Bank of Winter Park, Winter Park, FL	$500,001 - $1,000,000	Interest	$15,001 - $50,000	
	National Bank of Commerce, Winter Park, FL	$250,001 - $500,000	Interest	$15,001 - $50,000	
	George Mason/United Bank, Washington DC (IRA)	$15,001 - $50,000	Interest	None	
	U.S. Senate Federal Credit Union, Wash. DC (IRA and Savings)	$15,001 - $50,000	Interest	$201 - $1,000	
	Wright Patman Congressional Credit Union, Wash., DC	$1 - $1,000	Interest	$1 - $200	
	Delta Chi Alumni Assoc., Loan to Housing Fund	$1,001 - $15,000	Interest	None	
	First Citizens Bank, Blowing Rock, NC	$1 - $1,000	Non-interest Checking	None	
	Metropolitan Life (IRA)	$100,001 - $250,000	Interest	None	
	MD Cellular Communications Venture, Winter Park, FL. Dissolved in 1997	None	None	None	Dissolved
	Centennial Cellular Corp. Stock	None	Capital Gains	$100,001 - $1,000,000	S
	Townhouse lots 9, 10, 11, 12, Temple Trail Village Subdivision, Temple Trail, Winter Park, FL	$100,001 - $250,000	None	None	

Name John L. Mica | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Mortgage Note, Temple Trail Village Partnership, Robert A. Koch, Partner	$100,001 - $250,000	Interest	None	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 18 AM 8:40

(8)

CONGRESSWOMAN JUANITA MILLENDER-McDONALD
(Full Name)

419 Cannon House Office Bldg.
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202/225-7924

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 37	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Juanita Millender-McDonald

DATE (Month/Day/Year): 5-15-97

2616

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California	Salary	12,000
	Los Angeles County (Retired 3/28/97)	Spouse's Salary	N/A
	Los Angeles Office of Education (Retired 6/30/97)	Spouse's Salary	N/A
	Alpha 2 Omega Computer Systems	Spouse's Business Income	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JUANITA McDONALD

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset: A [illegible]	B $1,001 – $15,000	C [illegible]	D $50,001 – $100,000	E [illegible]	F $250,001 – $500,000	G [illegible]	H $1,000,001 – $5,000,000	I [illegible]	J $25,000,001 – $50,000,000	K [illegible]	Type of Income: DIVIDENDS	[illegible]	INTEREST	[illegible]	EXCEPTED TRUST	[illegible]	Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV [illegible]	V $3,001 – $15,000	VI [illegible]	VII $50,001 – $100,000	VIII [illegible]	IX $1,000,001 – $5,000,000	X [illegible]	Transaction: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.																							X				
			1st Bank o' Paducah, KY accounts				X									X							X							
JT	Chatfield Dean & Co.				X											X				X										
JT	Mark Johnson Racing Stable					X														X										
JT	The Fox Group/Century Prop. Accts.				X																									
	Los Angeles Teachers Credit Union															X						X								
	Golden Group-Deferred Comp.						X													N/A										
SP	County Employees Credit Union Accts.						X									X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JUANITA McDONALD

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS	INTEREST	ROYALTIES & ROYALTY INCOME	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Bank of America Accounts		X												X				X										
JT	Union Bank Accounts			X											X						X								
JT	850-856 W.129th Street, Gardena						X							X									X						
JT	1236 W.64th Street, Los Angeles					X								X					X										
JT	803 N.Grandee, Compton					X								X									X						
SP	1st Federal Credit Union					X									X														
SP	Horizons-Deferred Comp. Acct.					X									X														
	Security First Group-IRA Acct.		X																										
SP	Security First Group-IRA Acct.		X																										
JT	Unimporved land near Lancaster, CA					X													X										
JT	US Savings Bond (since '84 or '85)			X															X										
JT	Alpha 2 Omega Computer Systems																		X										
	Thrift Savings Plan 401(k)														X					X									
	Gov't Securities, bonds & stocks																												
	225B "C" St., NE, Washington DC Condominium																		X										P

SCHEDULE IV — TRANSACTIONS

Name JUANITA McDONALD

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	225B "C" Street, NE, Washington DC	X			3-97				X						

This page may be copied if more space is required.

2620

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	California Credit Union (formerly Los Angeles Teachers Credit Union)	Loan		X								
JT	Nationsbank	Mortgage on W.129th Street		X								
JT	Cal Fed	Mortgage on W.64th Street		X								
SP	County Employees Credit Union	Loan			X							
	Mellon Mortgage Co., Pasadena; CA	Mortgage on 225B "C" Street				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Mar 7-9,	Wash., D.C.-Hershey, PA-Wash., D.C.	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Mbr/Board of Directors	Southern Christian Leadership Conference
Mbr/Board of Directors	National Com. on Teaching and America's Future
Panel Member	National Education Goals Panel
Ambassador	University of Southern California
	*** All Positions Are Uncompensated. ***

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1990 48-880 (rev)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

98 MAY 15 AM 9:01

Dan Miller
(Full Name)

102 Cannon HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5015

MC (Office Use Only) (14)

Filer Status	[X] Member of the U S House of Representatives	State: FL District: 13	[ ] Officer or Employee	Employing Office:

Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dan Miller

DATE (Month/Day/Year): May 14, 1998

2624

Name Dan Miller	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Dan Miller	Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500

Name Dan Miller | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Manatech Plastics, Inc.	$50,001 - $100,000	Dividends	None	
	CATS Corp Bonds IRA	$50,001 - $100,000	Interest	None	S
	American Century Fund IRA	$1,001 - $15,000	Dividends	None	
	Nationsbank	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	210 acres Louisiana	$250,001 - $500,000	Rent	$1,001 - $2,500	
	U.S. Treasury Notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Smith-Barney Money Market	$1,001 - $15,000	Interest	$201 - $1,000	
	Segrest-Miller Corp.	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	

Name Dan Miller | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Miller Brothers of Manatee	$100,001 - $250,000	Dividends	None	
	Barnett Bank	$1,001 - $15,000	Interest	$1 - $200	
	Federal National Mortgage	$50,001 - $100,000	Interest	$2,501 - $5,000	Sold & Purchased
	Pimco Mutual Fund	$15,001 - $50,000	Dividends	$2,501 - $5,000	
	Miller Real Estate	$1,001 - $15,000	Dividends	$2,501 - $5,000	
	Miller Enterprises of Manatee	$1,000,001 - $5,000,000	Dividends	None	
	Suncoast of Manatee, Inc	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	
	American Express Notes	$1,001 - $15,000	Interest	$201 - $1,000	
	Phillip Morris Notes	$1,001 - $15,000	Interest	$201 - $1,000	S
	Fortune Brands Notesformerly American Brands	$15,001 - $50,000	Interest	$201 - $1,000	S
	Don Miller Development Corp	$250,001 - $500,000	Dividends	$1,001 - $2,500	
	Millers Pier Corp	$100,001 - $250,000	Dividends	None	
	St Louis Revenue Bonds	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Suncoast Deliveries, Inc	$1,001 - $15,000	Dividends	None	
	Fl Tropical Fish Distributors	$15,001 - $50,000	Dividends	None	S
	Federal Home Loan Mortgage	$1,001 - $15,000	Interest	$201 - $1,000	S
	First Commerce Corp	$250,001 - $500,000	Dividends	$5,001 - $15,000	
	Congressional Credit Union	$1 - $1,000	Interest	$1 - $200	
SP	Katheryn Polk Darsey Trust				
SP	Shell Oil notes	$15,001 - $50,000	Interest	$201 - $1,000	S
SP	Norwest Corp notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Chesapeake Potomac Tel	$15,001 - $50,000	Interest	$201 - $1,000	S

Name Dan Miller | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	AT&T notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Pepsico notes	$15,001 - $50,000	Interest	$1,001 - $2,500	P
SP	IBM notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Fed Home Loan Bank notes	$50,001 - $100,000	Interest	$2,501 - $5,000	S
SP	AFLAC Inc	$15,001 - $50,000	Dividends	$1 - $200	
SP	Abbott Laboratories	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Columbia/HCA	$1,001 - $15,000	Dividends	$1 - $200	S
SP	Electronic Data System	$1,001 - $15,000	Dividends	$1 - $200	
SP	General Electric	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	GreenTree Financial	$1,001 - $15,000	Dividends	$1 - $200	S
SP	McDonalds	$1,001 - $15,000	Dividends	$1 - $200	
SP	Oracle	$1,001 - $15,000	Dividends	None	P
SP	Pall Corp	$1,001 - $15,000	Dividends	None	S
SP	Pepsico	$1,001 - $15,000	Dividends	$1 - $200	S
SP	Pitney-Bowes	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Smith Kline Beecham	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Stryker Corp	$1,001 - $15,000	Dividends	$1 - $200	
SP	Walgreen Company	$15,001 - $50,000	Dividends	$1 - $200	
SP	Walt Disney	$15,001 - $50,000	Dividends	$1 - $200	
	Wachovia Corp notes	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Franklin Strategic Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
SP	Putman Cap Mutual Fund	$50,001 - $100,000	Capital Gains and Dividends	$201 - $1,000	

Name Dan Miller | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Putman New Op Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	American Bank	$1 - $1,000	Interest	None	
SP	Automatic Data Processing	$15,001 - $50,000	Dividends	$1 - $200	P
SP	Banc One Corp	$15,001 - $50,000	Dividends	$1 - $200	P
SP	Chubb Corp	$15,001 - $50,000	Dividends	$1 - $200	P
SP	Cisco Systems, Inc	$15,001 - $50,000	Dividends	None	P
SP	Federal National Mortgage Assoc.	$1,001 - $15,000	Dividends	$1 - $200	P
DC	First Data	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Home Depot	$15,001 - $50,000	Dividends	$1 - $200	P
SP	Intel Corp	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Sunamerica Inc.	$1,001 - $15,000	Dividends	$1 - $200	P
DC	Thermo Electronic Corp	$1,001 - $15,000	Dividends	None	P
SP	Smith Barney Money Funds	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Oakmark Fund IRA	$15,001 - $50,000	Dividends	$1 - $200	P
	Travelers Property Casualty Corp	$1,001 - $15,000	Interest	$201 - $1,000	P
	Brookstreet Securities Corp.	$1 - $1,000	Interest	$1 - $200	

Name Dan Miller	Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Wachovia Corp notes	Purchase	12/17/96	$1,001 - $15,000
SP	Automatic Data Processing	Purchase	8/4/97	$1,001 - $15,000
SP	Columbia/HCA Healthcare	Sold	7/23/97	$1,001 - $15,000
SP	Pitney Bowles	Purchase	11/20/97	$1,001 - $15,000
SP	Pall Corp	Sold	6/23/97	$1,001 - $15,000
SP	Electronic Data System	Purchase	4/21/97	$1,001 - $15,000
SP	Oracle Corp	Purchase	3/12/97,10/2/97	$1,001 - $15,000
SP	Pepsico	Purchase	8/4/97	$1,001 - $15,000
	Fl Tropical Fish Distributors	Sold	1/1/97	$15,001 - $50,000
SP	Banc One Corp	Purchase	3/12/97,11/20/97	$1,001 - $15,000
SP	Chubb Corp	Purchase	11/20/97	$1,001 - $15,000
SP	Cisco Systems, Inc	Purchase	3/12/97	$1,001 - $15,000
SP	Federal National Mortgage Assoc	Purchase	3/12/97	$1,001 - $15,000
SP	First Data	Purchase	10/2/97	$1,001 - $15,000
SP	Home Depot	Purchase	3/12/97	$1,001 - $15,000
SP	Intel Corp	Purchase	10/2/97	$1,001 - $15,000
SP	Sunamerica	Purchase	10/2/97,11/20/97	$1,001 - $15,000
SP	Thermo Electron Corp	Purchase	8/4/97	$1,001 - $15,000

Name Dan Miller	Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Chesapeake Potomac Tel Co	Sold	3/12/97	$15,001 - $50,000
SP	Federal Home Loan Bank	Sold	11/12/97	$15,001 - $50,000
SP	Green Tree Financial	Sold	12/16/97	$1,001 - $15,000
SP	Shell Oil Notes	Sold	3/12/97	$15,001 - $50,000
	Federal National Mortgage Assoc	Purchase	7/14/97,6/24/97,12/16/97	$15,001 - $50,000
	Travelers Property Casualty Corp	Purchase	7/14/97	$1,001 - $15,000
	Federal Home Loan Mortgage	Sold	12/17/97	$1,001 - $15,000
	Federal National Mortgage Assoc	Sold	6/10/97	$1,001 - $15,000
	Fortune Brands	Sold	7/14/97	$15,001 - $50,000
	Philip Morris Co Notes	Sold	7/14/97	$15,001 - $50,000
	Oakmont Fund	Purchase	11/21/97	$15,001 - $50,000
	CATS Bonds	Sold	11/21/97	$15,001 - $50,000

Name Dan Miller	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Miller Enterprises	Loan	$100,001 - $250,000
	Nationsbank	Loan	$15,001 - $50,000

Name Dan Miller	Page ____ of ____

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule

For further information, see instructions, pages 22-24.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Dan Miller	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute	3/7/97-3/9/97	Wash, D.C.-Hershey,PA-Wash, D>C>	Y	Y	Y	N

2635

Name Dan Miller	Page ____ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Director	Miller Enterprises
Director	Miller Brothers
Director	Don Miller Development
Director	Miller's Pier
Director	Segrist-Miller Corp
Director	Manatech Plastics

2636

Name Dan Miller	Page ___ of ___

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement

DAN MILLER
13TH DISTRICT, FLORIDA

COMMITTEE ON
APPROPRIATIONS

COMMITTEE ON GOVERNMENT
REFORM AND OVERSIGHT
CHAIRMAN, SUBCOMMITTEE
ON THE CENSUS

COMMITTEE ON
BUDGET

ASSISTANT MAJORITY WHIP

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 JUN 12 PM 3:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515–0913

INSIDE MAIL

WASHINGTON OFFICE
102 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0913
(202) 225–5015

FLORIDA OFFICES
1751 MOUND STREET
SUITE A–2
SARASOTA, FL 34236
(941) 951–6643

2424 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34205
(941) 747–8081

1–800–453–4184
(AVAILABLE IN 941
AND 813 AREA CODE)

INTERNET ADDRESS
www.house.gov/danmiller/

1

MC

June 11, 1998

The Honorable Robin H. Carle
Clerk, U.S. House of Representatives
H154, The Capitol
Washington, D.C. 20515

Dear Ms. Carle,

I would like to make the following two corrections to my 1997 Financial Disclosure Statement. They are both to Schedule 3, Block D concerning income.

1. Franklin Strategic Mutual Fund income should be $ 1001-$2500.

2. Putnam Cap Mutual Fund income should be $1001-$2500.

I apologize for the error and appreciate your correction of my 1997 Financial Disclosure Statement.

Sincerely,

Dan Miller
Member of Congress

DM:jp

RECEIVED
98 JUN 12 AM 8:41
ARCHIVES

PRINTED ON RECYCLED PAPER

98 MAY 14 PM 4:19

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (5)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

George Miller
(Full Name)

2205 Rayburn H.O.B.
(Mailing Address)

Washington DC 20515
Daytime Telephone: 202-225-2095

Filer Status [X] Member of the U.S. House of Representatives — State: CA District: 07 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL George Miller

DATE (Month/Day/Year) 5.14.98

2639

Name George Miller | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	127 D St., SE, Wash., DC	$250,001 - $500,000	Rent	$15,001 - $50,000	NA
	~~IRA Money Market Fund, Charles Schwab~~ Co.	~~$1,001 - $15,000~~	~~Capital Gains~~	~~None~~	~~NA~~
JT	2002 Greene St., Apt. 412, Columbia, South Carolina (half interest w/son)	$50,001 - $100,000	Rent	None	NA
	IRA Account - Charles Schwab Co.	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	NA
SP	IRA Account - Charles Schwab Co.	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	NA
JT	Cong. Fed. Credit Union Savings Account, Wash., DC - from refinance of 127 D St.	$1 - $1,000	Interest	$1 - $200	NA

Name George Miller | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	GE Interest Plus Savings Account - transfer from Cong. Fed. Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	Greenstar Telecom Inc. 500 shares	$1,001 - $15,000	Capital Gains	$1 - $200	NA
	New Age Media Fund Inc. 183 shares	$1,001 - $15,000	Capital Gains	$201 - $1,000	NA
	Bluestar Battery 300 shares	$1,001 - $15,000	Capital Gains	$1 - $200	NA
SP	Strong Growth Fund 119.34 shares	$1,001 - $15,000	Capital Gains	~~None~~ $1 - $200	NA
	Stock Fund, S.I.F.E. Trust, Walnut Creek, CA (IRA)	$15,001 - $50,000	Dividends & Capital Gains	$1,001 - $2,500	NA**

**This item was inadvertantly dropped from "Assets and Unearned Income" in 1995.

Name George Miller | Page . of _

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Security Mortgage Co., Columbia, S.C.	mortgage nn 2002 Greene St., Apt. 412, Columbia, S.C.			x							
	General Electric Capital Mortgage St. Louis, Missouri (refinance)	mortgage on 127 D St., SE, Wash., DC				x						
	General Electric Capital Home Equity St. Louis, Missouri	home equity on 127 D St., SE Wash., DC		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name George Miller	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute	Feb. 14-17	DC-West Palm Beach/Miami-SF	Y	Y	Y	none
Salmonid Restoration Federation	Feb. 21-22	SF-Redding, CA-SF	Y	Y	N	none
National Indian Gaming Association	Mar. 3	SF-Palm Springs, SF	N	Y	N	none
The Aspen Institute	Mar. 31-Apr. 5	SF-Lanai, Hawaii-SF	Y	Y	Y	2 days
Scholastic, Inc.	Sept. 27-29	DC-NY-DC	Y	N	Y	1 day
Tulane University-US Asia Forum	Nov. 14-25	SF-Beijing-SF	Y	Y	Y	1 day

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 MAY 15 PM 5:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

David Minge
(Full Name)

RR4 Box 183
Montevideo MN 56265
(Mailing Address)

Daytime Telephone (202)

N1 **HAND DELIVERED**
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David Minge

DATE (Month/Day/Year): May 14, 1998

2644

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The Luther Institute	spouse wages	NA
	Trust U/W Martha S. Gibb	spouse fees	NA
	Susan and Peter Tweh	spouse fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name David Minge

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	SP Mega Corp. Stock					X								X										X								P
DC,	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	105 acres land - Montevideo MN					X									X										X							
JT	home - Montevideo MN					X									X									X								
SP	IRA - Appleton State Bk			X												X						NA										
	IRA Maynard - Citizens State Bk			X												X						NA										
	IRA - Mutual Shares Shawmut Bk				X									X			X					NA										
JT	Montevideo Ind Dev Corp		X													X							X									

For additional assets and unearned income, use next page.

2646

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name D

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Mountain Lot - Laramie Co			X										NA								X											
SP	Prudential Annuity			X												X						NA											
	Prudential Annuity			X										X								NA											
	PEBSCO - Am Cent 20th CG					X								X			X					NA											
	PEBSCO - Bond Fund of Am					X								X								NA											
	TIAA - CREF				X									X		X	X					NA											
SP	Remainder Interest Gaylord House			X										NA								X											
SP	Lincoln Nat'l Life - annuity			X										X								NA											
	GT Global IRA	X												NA								NA											E
	T Rowe Price IRA European Fund				X									NA								NA											E
	TMCGN Real Estate Ptrship			X												X	X							X									S in '73
	Nelson Owen Torvik Minge + Gilbertson Law Partnership				X											X	X								X								S in '73
SP	Penn Mutual Diversifier II			X										NA								NA											P
	IRA Vanguard Growth Equity			X										X			X					NA											P
SP	IRA T. Rowe Price Index			X										X			X					NA											P
JT	Cong Fed Credit Union			X												X								X									
JT	Vanguard Bond Index Fund			X										X											X								P + S
JT	Vanguard Index Trust 500			X										X			X						X										P
SP	Remainder Interest Pine River Cabin				X									NA								X											
JT	US Treasury Bill			X												X								X									
SP	Lutheran Brotherhood UIP annuity			X										NA								NA											P
JT	Farmington MN ISD 192 Bond			X												X								X									P

This page may be copied if more space is required.

2647

SCHEDULE IV — TRANSACTIONS

Name David Minge

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	GT Global IRA (rollover) to T Rowe Price			X	6-9-97		X								
JT	Vanguard Bond Index Fund - Total		X		4-17-97	X									
JT	Vanguard Bond Index Fund - Total		X		8-12-97	X									
JT	Vanguard Bond Index Fund - Total	X			6-11-97	X									
JT	Vanguard Bond Index Fund - Total	X			6-13-97	X									
JT	Vanguard Bond Index Fund - Total	X			7-11-97	X									
SP	Penn Mutual Diversifier II	X			Various	X									
	IRA - Vanguard Index Trust Growth	X			3-11-97	X									
SP	IRA - T. Rowe Price Equity Income	X			3-10-97	X									
SP	Lutheran Brotherhood	X			Various	X									
JT	Vanguard Index Trust 500	X			9-17-97	X									
JT	Vanguard Index Trust 500	X			10-22-97	X									

This page may be copied if more space is required.

2648

Name David Minge | Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	US Japan Friendship Committee Legislative Program	Nov. 14-19	Wash. DC - Minneapolis - Osaka - Tokyo - Nagano - Tokyo - Minneapolis - Wash. DC	Y	Y	N	1 day
	Aspen Institute	Mar. 7-9	Wash DC - Hershey PA - Wash DC	Y	Y	Y	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

03 MAY 12 AM 10: 11

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED
HC
(Office Use Only)

(9)

Patsy T. Mink
(Full Name)

2135 Rayburn House Office Building
(Mailing Address)

202-2254906
Daytime Telephone

Washington DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State District Hawaii 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Patsy T. Mink

DATE (Month/Day/Year): May 13, 1998

2650

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
John F. MINK, Spouse, MINK and Yuen Inc Vice President, Subchapter S Corp.	Professional	NA
John F. MINK, Spouse, George A.L. Yuen and Associates, Partner	Professional	NA
Patsy T. MINK, State of Hawaii Retirement System	Retirement Income	* 10,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	None			

This page may be copied if more space is required.

Name Patsy T. Mink

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples:	SP	Mega Corp. Stock				X								X										X								P
DC			Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
JT	Credit Union #96201				X												X							X									
JT	Central Pacific Bank 01 489 5619 01 489 57-7					X											X							+									
JT	Alexander & Baldwin stock					X									X										X								
JT	Evergreen Fund (Keystone)					X									X		X							X									
SP	Equitable Life Assurance				X										X		X							X									

For additional assets and unearned income, use next page.

2653

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Patsy T. Mink

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Central Pacific Bank IRAs 01 848 96-4 01 93436-3	C	none	I	
Sp	Merrill Lynch IRA 145 B 3437 SEP	F	none	I	
Sp	Merrill Lynch IRA 145 87 A 34 A	D	none	I	Rolled over from Bank of Hawaii E
Sp	Merrill Lynch IRA 145 87 A 33	G	none	I	Rolled over from Bank of Hawaii E
Jt	Putnam Investments Tax Exempt 083337451	C	X	II	
	Prudential Life Ins Pol	C	no income	I	
	Patsy T. Mink Campaign Committee Loans	F	no income	I	
Sp	Dean Witter IRA 129 137 886	E	none	I	
Sp	Dean Witter Tax Exempt 129-105983-066	C	none	I	

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Patsy T. Mink

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	None														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None	None										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

2656

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Brookings Institution	August 25-30	Honolulu - Tokyo - Hon	Y	Y	Y	N
	Columbia University Asian American alliance	April 18	DC - NYC - DC	Y	N	N	N
	Princeton University Asian Pacific American Heritage Council	April 21	DC - NJ - DC	N	N	N	N
	Yale University Pacific Islander, Asian and Native American. Law Students Association	April 19	DC - Conn - DC	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President (honorary) (uncompensated)	Americans for Democratic Action (political)
Chair,	Congressional Asian Pacific American Caucus (unpaid)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Jan 1987	State of Hawaii Retirement System	Retirement and Health Benefits

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED
98 MAY -7 PM 1:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

(5)

2659

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

John Joseph Moakley
(Full Name)

235 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-8273

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 09	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION-Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL John Joseph Moakley **DATE** (Month/Day/Year) 5/6/98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts	Legislative Pension	$6,941.00
	United States Veterans Administration	Disability	$1,132.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Wright-Patman Congressional Credit Union	$1,001 - $15,000	Interest	$1 - $200	NA
Legg Mason Putnam Growth & Income	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	NA
Mt. Washington Cooperative Savings Bank of South Boston	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
Bank of Boston	None	Bank of Boston account closed in 1997. All assets from Bank of Boston transferred to Mt.Washington Cooperative Savings Bank	None	

2661

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Association of Jesuit Colleges & Universities	November 14-19	Washington D.C.-El Salvador-Washington,D.C.	Y	Y	N	None
Invest To Compete Alliance	July 3-6	Boston-Cape Cod-Boston	Y	Y	N	Two Days

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board of Trustees	Suffolk University, Boston Massachusetts

RECEIVED

98 MAY 15 PM 5:40

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Alan B. Mollohan
(Full Name)

2346 Rayburn Building
(Mailing Address)

202/225-4172
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State WV District 1st	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Alan B. Mollohan **DATE** (Month/Day/Year) 5-15-98

2664

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ricards International Inc. - Infoteq	Spouse Salary	NA
	Remington, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Alan B. Mollohan

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D										Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	E P, S, P
SP, DC, JT	*Examples*	SP	Mega Corp Stock					X							X										X							P
			Simon & Schuster		Indefinite																Royalties									X		
			1st Bank of Paducah, KY accounts					X									X									X						
JT	Rental property-601 24th St NW #206, WDC							X								X								X								S
JT	Rental property-601 24th St NW #706, WDC							X								X								X								S
JT	Rental property-601 24th St NW #203, WDC							X								X								X								S
JT	Rental property-60 G St SW, WDC 20024							X								X											X					
JT	50% ownership/ Remington, Inc.				X											X						X										
SP	City of Fairmont, WV Sewer Revenue Bonds						X										X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alan B. Mollohan

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Kanawha County, WV Building Revenue Bonds				X											X							X									
SP	WV Ins. Hospital Revenue Bonds			X												X					X											E
SP	WV Hospital Finance Authority Bonds				X											X								X								
SP	PaineWebber Money Fund		X													X						X										
SP	1/5 int. coal, oil & gas 6.5ac Linn Lick, Center Dist. Gilmer		X																Royalty			X										
SP	1/5 int. coal, oil & gas 27ac Linn Lick, Center Dist. Gilmer		X																Royalty			X										
SP	3.33% int. oil & gas 35ac Bull Fork, DeKalb Dist. Gilmer			X															Royalty			X										
SP	5/32 int. oil & gas 242ac NS Kanawha, Glenville Dist, Gilmer				X														Royalty					X								
SP	PaineWebber Putnam Global Growth IRA			X																NA												
SP	Huntington Natl Bank Money Market Account				X											X							X									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Alan B. Mollohan

Page 5 of 8

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E
JT	Three promissory notes for property purchases: Remington, Inc., Washington, DC				X											X									X							

This page may be copied if more space is required.

2668

SCHEDULE IV — TRANSACTIONS

Name Alan B. Mollohan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–97		X								
JT	Rental property-601 24th St. NW #206 Washington, DC 20037		X		4-11-97				X						
JT	Rental property-601 24th St. NW #706 Washington, DC 20037		X		4-11-97				X						
JT	Rental property-601 24th St. NW #203 Washington, DC 20037		X		4-11-97				X						
SP	WV Ins. Hospital Revenue Bonds (called for redemption)			X	6-17-97		X								

This page may be copied if more space is required.

2669

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	GE Capital Mortgage Services	Mortgage-60 G St. SW, Washington, DC 20024				X						
JT	Huntington National Bank	Revolving credit line		X								
JT	Huntington National Bank	Loan against WV bonds		X								
	FERS Thrift Savings	Loan for children's educations		X								
JT	MBNA America Visa	Revolving charge account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Travelers' Bank Visa	Revolving charge account	X									
JT	The Heritage Bank	Debt consolidation loan		X	(paid in full 10/17/97)							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 JUN 11 PM 1:55

HAND DELIVERED
(Office Use Only)

(8)

Alan B. Mollohan
(Full Name)

2346 Rayburn Building
(Mailing Address)

202/225-4172
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U S House of Representatives	State WV District 1st	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S.C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Alan B. Mollohan

DATE (Month/Day/Year) 6/11/98

2672

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ricards International Inc. - Infoteq	Spouse Salary	NA
	Remington, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Alan B. Mollohan | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock						X								X																	P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts							X								X									X							
JT	Rental property - 601 24th St NW #206, WDC	X													X		X					J			X						S
JT	Rental property - 601 24th St NW #706, WDC	X													X		X							X							S
JT	Rental property - 601 24th St NW #203, WDC	X													X								X								S
JT	Rental property -60 G St SW, WDC 20024						X								X											X					
JT	50% ownership/ Remington, Inc.			X											X						X										
SP	City of Fairmont, WV Sewer Revenue Bonds				X											X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alan B. Mollohan

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Kanawha County, WV Building Revenue Bonds				X											X							X									
SP	WV Ins. Hospital Revenue Bonds			X												X					X											E
SP	WV Hospital Finance Authority Bonds				X											X								X								
SP	PaineWebber Money Fund		X													X						X										
SP	1/5 int. coal, oil & gas 6.5ac Linn Lick, Center Dist. Gilmer		X																	Royalty		X										
SP	1/5 int. coal, oil & gas 27ac Linn Lick, Center Dist. Gilmer		X																	Royalty		X										
SP	3.33% int. oil & gas 35ac Bull Fork, DeKalb Dist. Gilmer			X																Royalty		X										
SP	5/32 int. oil & gas 242ac NS Kanawha, Glenville Dist, Gilmer				X															Royalty				X								
SP	PaineWebber Putnam Global Growth IRA			X																NA												
SP	Huntington Natl Bank Money Market Account				X											X							X									

This page may be copied if more space is required

2675

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Alan B. Mollohan

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
JT	Three promissory notes for property purchases: Remington, Inc., Washington, DC	D: X	INTEREST: X	IV: X	

This page may be copied if more space is required.

2676

SCHEDULE IV — TRANSACTIONS

Name Alan B. Mollohan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
JT	Rental property-601 24th St. NW #206 Washington, DC 20037		X		4-11-97				X						
JT	Rental property-601 24th St. NW #706 Washington, DC 20037		X		4-11-97				X						
JT	Rental property-601 24th St. NW #203 Washington, DC 20037		X		4-11-97				X						
SP	WV Ins. Hospital Revenue Bonds (called for redemption)			X	6-17-97		X								

This page may be copied if more space is required.

2677

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Excludes: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	GE Capital Mortgage Services	Mortgage-60 G St. SW, Washington, DC 20024				X						
JT	Huntington National Bank	Revolving credit line		X								
JT	Huntington National Bank	Loan against WV bonds		X								
	FERS Thrift Savings	Loan for children's educations		X								
JT	MBNA America Visa	Revolving charge account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Travelers' Bank Visa	Revolving charge account	X									
JT	The Heritage Bank	Debt consolidation loan		X	(paid in full 10/17/97)							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997 | For use by Members, officers, and employees

JAMES P. MORAN, JR.
(Full Name)

205 West Uhler Terrace
(Mailing Address)
Alexandria, Virginia 22301

Daytime Telephone
703-225-4376

HAND DELIVERED

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Virginia District: 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James P. Moran **DATE** (Month/Day/Year) 5/14/98

2680

Name	James P. Moran, Jr.	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	Manufacturers Alliance, Arlington, Virginia	Speech	Jan. 17, 1997	$750.00
	Kmart Family Foundation, Troy, Michigan	Appearance at Race	Sept. 10, 1997	500.00

This page may be copied if more space is required.

Name James P. Moran, Jr. | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP.		SP	Mega Corp. Stock					X							X										X								P
DC.	*Examples:*		Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X									X							
JT	Rental property,							X							X											X							
	104 Senate Circle,																																
	King George, VA																																

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name James P. Moran, Jr.

Page . of .

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–97		X								
	10 OEX puts Apr 445		X		4/18/97	X									
	10 OEX puts Apr 445	X			4/17/97	X									
	7 OEX puts Apr 440	X			4/17/97	X									
	20 OEX puts May 805	X			5/12/97	X									
	20 OEX puts May 805		X		5/14/97	X									
	10 OEX puts May 815	X			5/12/97	X									
	10 OEX puts May 815		X		5/14/97	X									

This page may be copied if more space is required.

Name James P. Moran, Jr. | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Wright Patman FCU, Washington DC	Line of Credit		X								
JT	MBNA, Wilmington, Delaware	Credit card debt		X								
JT	First USA, Atlanta, Georgia	Credit card debt		X								
JT	Atlantic Mortgage, Jacksonville, FL	Mortgage on King George property				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name	James P. Moran, Jr.	Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	March 7-9	Washington DC-Hershey, Pa.-Washington DC	Y	Y	Y	N
	The Aspen Institute	March 31-April 5	Washington DC - Lanai, Hawaii-Washington DC	Y	Y	Y	N
	Center for Middle East Peace and Economic Cooperation	Dec. 9-18	Washington DC-Egypt-Israel-Gaza-Jordan-Lebanon-Qatar-Syria-Washington DC	Y	Y	N	N
	Democratic Leadership Council + Progressive Policy Institute	May 1-May 4	Washington DC -Charleston SC-Washington DC	Y	Y	Y	N

This page may be copied if more space is required.

RECEIVED
98 JUN 11 PM 12:28

HAND DELIVERED

COMMITTEE ON
APPROPRIATIONS
SUBCOMMITTEE ON DISTRICT OF COLUMBIA
RANKING MINORITY MEMBER
SUBCOMMITTEE ON INTERIOR

Congress of the United States
House of Representatives
Washington, DC 20515–4608

JAMES P. MORAN
8TH DISTRICT OF VIRGINIA

WASHINGTON OFFICE:
1214 LONGWORTH HOUSE
OFFICE BUILDING
WASHINGTON, DC 20515–4608
(202) 225–4376

DISTRICT OFFICE:
5115B FRANCONIA RD.
ALEXANDRIA, VA 22310
(703) 971–4700

1

Revised Schedule IV, 1997 Financial Disclosure: James P. Moran

Asset	Purchase/Sale	Date	Amt.of Transaction
10 CPQ puts Jan 70	sale	1-6-97	less than 1000
10 INQ puts Jan 125	sale	1-6-97	less than 1000
10 OEX puts Jan 460	purchase/sale	1-17-97	1001-15,000
7 OEX puts Apr 440	purchase	4-17-97	1001-15,000
7 OEX puts Apr 440	sale	4-18-97	less than 1000
10 OEX puts Apr 445	purchase	4-17-97	1001-15,000
10 OEX puts Apr 445	sale	4-18-97	1001-15,000
20 OEX puts May 805	purchase	5-12-97	1001-15,000
20 OEX puts May 805	sale	5-14-97	1001-15,000
10 OEX puts May 815	purchase	5-12-97	1001-15,000
10 OEX puts May 815	sale	5-14-97	1001-15,000

✓
MC

Each of the listed transactions resulted in a gain or loss of $1,001-$15,000, with the exception of one transaction that resulted in a gain or loss of less than $1,000.

James P. Moran

98 MAY 14 PM 4:43

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC

(Office Use Only) (5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

JERRY MORAN
(Full Name)

2758 Thunderbird Dr., Hays, Kansas 67601 (202) 225-2715
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Kansas District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jerry Moran

DATE (Month/Day/Year) 5/14/98

2687

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1997	$500
Casualty and Property Group of Washington	Speech	10-01-97	$500.00
Developmental Services of Northwest Kansas,Inc.	Speech	11-15-97	uncertain/Tree

This page may be copied if more space is required.

Name JERRY MORAN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock						X							X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	Emprise Bank, N.A., accounts Hays, Ks.					X										X									X							
	Federated Investors, mutual funds						X									X											X					
DC	Emprise Bank, N.A., accounts Hays, Ks.			X												X							X									
	Highlands Insurance Co., common stock		X											X							X											
JT	Exxon Corporation, common stock				X									X										X								
JT	Hallibarton Corporation, common stock			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JERRY MORAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Schlumberger Ltd.,common stock			X										X								X										
JT	Texaco.Inc.,common stock			X										X								X										
JT	Boeing Co.,common stock			X										X								X										
	American Capital World Growth,mutual fund				X									X		X	X							X								
	Franklin Gold Fund, mutual fund		X											X			X					X										
DC	Golden Plains Credit Union Hays,Ks. (accounts)		X													X						X										
DC	Sunflower Bank,N.A.,accnts Hays,Ks.			X												X							X									
	Aetna Variable Fund, mutual fund			X										X			X						X									
	Aetna Fixed Account mutual fund			X												X								X								
	Fidelity VIP-Portfolio, mutual fund			X										X			X						X									
	Janus Aspen Growth Portfolio,mutual fund			X										X			X						X									
	First Fed.Lincoln accounts Plainville,Ks.				X											X								X								
SP	Lincoln Life Growth & Income,mutual fund			X										X			X						X									
SP	Lincoln Life Special Opportunities,Mutual fund			X										X			X						X									

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Ft.Hays State University Endowment Association,Hays,Ks.
Governor	Bd.of Governors,University of Ks.,School of Law,Lawrence,Ks.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 3:46

HAND DELIVERED

(Office Use Only) 8

CONSTANCE A. MORELLA
(Full Name)

2228 RAYBURN BUILDING
(Mailing Address)

202-225-5341
Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	☑ Member of the U.S. House of Representatives	State MD District: 8	☐ Officer or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Constance A. Morella

DATE (Month/Day/Year): MAY 15, 1998

2692

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AMERICAN UNIVERSITY, WASHINGTON, D.C.	SPOUSE SALARY	NA
	STATE OF MARYLAND	TEACHER / LEGISLATOR	$ 18,296
		PENSION & ANNUITY	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CONSTANCE A. MORELLA

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp Stock	E $15,001 – $50,000	DIVIDENDS	IV $1,001 – $2,500	P
DC	Simon & Schuster	Indefinite	Royalties	IX $100,001 – $1,000,000	
JT	1st Bank of Paducah, KY accounts	F $50,001 – $100,000	INTEREST	VI $5,001 – $15,000	
	CAGLES, INC.	C $1,001 – $15,000	DIVIDENDS	II $1 – $200	P
	EXXON CORP.	E $15,001 – $50,000	DIVIDENDS	III $201 – $1,000	
	FLUOR CORP.	D $15,001 – $50,000	DIVIDENDS	II $1 – $200	P
	GIANT FOOD	D $15,001 – $50,000	DIVIDENDS	III $201 – $1,000	P
	MERCK & CO. INC.	D $15,001 – $50,000	DIVIDENDS	III $201 – $1,000	
	MINNESOTA MINING	D $15,001 – $50,000	DIVIDENDS	III $201 – $1,000	S/P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CONSTANCE A. MORELLA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	NEW PLAN REALTY TRUST				X									X									X									
	PFIZER, INC.					X								X										X								
	USX - MARATHON				X									X									X									P
	SCHWAB MONEY MKT.						X									X									X							
	U.S. TREASURY NOTE					X										X						N/A										P
	NATIONS BANK: IRA				X											X						NA										
	OPPENHEIMER FUND			X										X								NA										
	EAST CAMBRIDGE SAVINGS			X												X							X									
	MD STATE DEFERRED				X											X						NA										
SP	K MART CORP.			X										X									X									
SP	OCCIDENTAL PET. CORP.			X										X										X								
SP	POTOMAC ELECTRIC			X										X										X								
SP	US F & G CORP.			X										X									X									
SP	SCHWAB MONEY MKT			X												X							X									
SP	NATIONS BANK: IRA				X											X						NA										
SP	OPPENHEIMER FUND			X										X								NA										
SP	TIAA-CREF PENSION							X														NA										
SP	U.S. TREASURY NOTE				X										X	X						NA										P
JT	U.S. SAVINGS BONDS					X																NA										
JT	609 TWINBROOK PKWY. ROCKVILLE, MD						X																									
JT	VAN KAMPEN MERIT			X												X																

This page may be copied if more space is required.

2695

SCHEDULE IV — TRANSACTIONS

Name CONSTANCE A. MORELLA | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	J. P. MORGAN & CO		X		1-10-97		X								
	AMETEK, INC.		X		3-4-97		X								
	STORAGE TECH CORP.		X		7-24-97		X								
	IMATION CORP.		X		10-14-97	X									
	MINNESOTA MINING		X		10-14-97		X								
	CAGLES, INC.	X			1-16-97	X									
	FLUOR CORP.	X			3-7-97		X								
	GIANT FOOD, INC.	X			7-29-97	X									
	U.S. TREAS. NOTE	X			9-30-97		X								
SP	U.S. TREAS. NOTE	X			9-30-97		X								
	MINNESOTA MINING	X			12-26-97		X								
	USX-MARATHON	X			12-26-97	X									
	(CONSUMERS UNITED) UNITY LIFE INS. (SURRENDER)			X	7-8-97		X								
SP	(CONSUMERS UNITED) UNITY LIFE INS. (SURRENDER)			X	7-7-97		X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	CAPSTEAD MORTGAGE CO.	MORTGAGE ON 6601 MILLWOOD RD BETHESDA, MD		X								
SP	INLAND MORTGAGE CO.	MORTGAGE CO-MAKER 506 WINTHCUM ST. ROCKVILLE, MD		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ASPEN INSTITUTE: U.S. NATIONAL SECURITY & GLOBAL ENVIRONMENT	MAR 31-APR. 6	WASH. D.C.-LANAI, HAWAII-WASH, D.C.	Y	Y	Y	N
	ASPEN INSTITUTE: BIPARTISAN RETREAT	MAR 7-9	WASH. DC-HERSHEY, PA-WASH, DC.	Y	Y	Y	N
	HARVARD KENNEDY SCHOOL WOMEN'S LEADERSHIP CONFERENCE	MAY 30-31	WASH, DC-BOSTON, MA-WASH. DC.	Y	Y	Y	N
	ASPEN INSTITUTE: U.S. Relations/ RUSSIA	AUG 18-23	WASH. DC-DRESDEN, GERMANY-WASH, D.C.	Y	Y	Y	N
	GLAMOUR MAGAZINE: WOMEN OF YEAR AWARDS	NOV. 11-12	WASH. D.C.-N.Y.-WASH. D.C.	Y	Y	Y	N

This page may be copied if more space is required.

2698

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
ADVISORY BOARD	CAFRITZ FOUNDATION, WASHINGTON, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 48-260 (mac)

Use additional sheets if more space is required.

98 MAY 15 AM 10:46

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

JOHN P. MURTHA, JR.
(Full Name)

109 COLGATE AVENUE
(Mailing Address)

JOHNSTOWN, PA 15905
Daytime Telephone

(Office Use Only)

5

Filer Status	[X] Member of the U.S. House of Representatives — State: PA District: 12TH	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/11/98

2700

RECEIVED

Name JOHN P. MURTHA, JR.	Page 1 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	McGRAW-HILL 8TH ANNUAL DEFENSE CONFERENCE	SPEECH	MARCH 20, 1997	$2,000

This page may be copied if more space is required.

Name JOHN P. MURTHA, JR. | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E S, P, E
SP, DC, JT	*Examples*																															
SP	Mega Corp Stock					X								X																		P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	CHARLES SCHWAB			X										X								X										
SP	CONGRESSIONAL FCU			X												X							X									
	WESBANCO, INC.			X										X										X								
	CENWEST NATIONAL BANK			X												X					N/A	IRA										
SP	CENWEST NATIONAL BANK			X												X					N/A	IRA										
	CONGRESSIONAL FCU			X												X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN P. MURTHA, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	MENTOR GROWTH TRUST				X												X								X							
SP	J. R. FINDEISEN (PARENTS ESTATE)			X												X							X									

This page may be copied if more space is required.

2703

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	USX CORPORATION	APRIL 18	WASH DC-PITTSBURGH-WASH DC	N	Y	N	N
	MONTEREY INSTITUTE OF INTERNATIONAL STUDIES	AUG. 6-14	WASH DC-MONTEREY-WASH DC	Y	Y	Y	5 DAYS

This page may be copied if more space is required.

2704

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 15 AM 10:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Sue Myrick
(Full Name)
310 W. 8th St.
Charlotte NC 28202
(Mailing Address)
Daytime Telephone 202-225-1976

Filer Status	☒ Member of the U.S. House of Representatives — State: District:	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sue Myrick

DATE (Month/Day/Year) 5/14/98

2705

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Myrick Ent/Adv.	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
none			

This page may be copied if more space is required.

Name Sere Mujuk | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP.	Examples:	SP	Mega Corp Stock					X							X																		P
DC.			Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
JT	310 W. 8th / 505 N. Poplar St.							X	X																								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue Mynick

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

This page may be copied if more space is required.

2709

SCHEDULE IV — TRANSACTIONS

Name Sue Myrick | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								

This page may be copied if more space is required.

2710

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Sue Myrick | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Duke Energy + BNFL	Aug 11-20	Char, NC - Exeford - Char, NC	Y	Y	Y	4 days

This page may be copied if more space is required.

2712

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
none	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

SUE MYRICK
9TH DISTRICT, NORTH CAROLINA

COMMITTEES
RULES
SUBCOMMITTEE ON RULES AND ORGANIZATION OF THE HOUSE
BANKING
(ON LEAVE)

LIAISON TO HOUSE
MAJORITY LEADERSHIP

98 JUN -8 AM 11:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515

230 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-1976
FAX: (202) 225-3389

DISTRICT OFFICES:

1901 ROXBOROUGH ROAD
SUITE 211
CHARLOTTE, NC 28211
(704) 363-1060
FAX: (704) 367-0852

318 SOUTH STREET
SUITE B
GASTONIA, NC 28052
(704) 861-1976
FAX: (704) 864-2445

E-MAIL: myrick@hr.house.gov

June 5, 1998

MC

(1)

Hon. Robin H. Carle
Clerk of the House
H-154 Capitol
U.S. House of Representatives
Washington, D.C. 20515

Dear Ms. Carle:

This is to clarify the entry on my financial disclosure form, under Section 7, Travel Payments and Reimbursements, in which I disclose a trip to England. In that section, "BNFL" refers to British Nuclear Fuel Limited.

I appreciate your bringing this matter to my attention. Should you have any other questions, please do not hesitate to contact me.

Sincerely,

Sue Myrick

Sue Myrick
Member of Congress

SM:dsr

RECEIVED
98 JUN -8 AM 8:51
U.S. HOUSE OF REPRESENTATIVES

PRINTED ON RECYCLED PAPER

98 MAY 15 PM 3:21

CLERK OF THE HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Jerrold Lewis Nadler
(Full Name)

315 West 70th Street, Apt. 3C
(Mailing Address)

New York N.Y. 10023

(202) 225-5635
(212) 334-3207
Daytime Telephone

HAND DELIVERED

MC (Office Use Only)

7

Filer Status	☒ Member of the U.S. House of Representatives — State N.Y. District 8	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jerrold Nadler

DATE (Month/Day/Year) 5/14/98

2715

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Comptroller's Office	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Jerrold Lewis Waller

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, Examples:	Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Smith Barney Money Funds					X								X		X									X							
	N.J.S. Energy Research+Dev. Auth.				X											X								X								
	Chase Manh. Bank Account			X												X						X										
	Eott Energy Partners, L.P.			X										Partnership Income									X									
	Republic National Bank			X												X						X										
	Amerigas Partnership, L.P.			X										Partnership Income										X								

For additional assets and unearned income, use next page.

2717

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jerrold Lewis Naller

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Hirsadrat Charitable Remainder Trust			X												X						X									
	U.S. Savings Bonds			X												X						X									
	New York City G.O. Bonds				X											X					X										

This page may be copied if more space is required.

2718

SCHEDULE IV — TRANSACTIONS

Name Jerrold Lewis Nadler

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	Metropolitan Transportation Authority Bond			X	1997		X								

This page may be copied if more space is required.

2719

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	North East Citizen Action Resource Center	2/1/97	NYC-Boston, MA Boston, MA - NYC	N	N	N	
	Conference of President's Fund	3/4 -3/9/97	Wash, DC-Israel/Uzbekistan Uzbekistan/Israel-Wash, DC	N	N	Y	
	American Israeli Public Affairs Committee	6/2-6/3/97	NYC - Miami, FL Miami, FL - Wash, DC	Y	Y	N	
	Intelligent Transportation Society of NY	6/23/97	NYC - Albany, NY Albany, NY-NYC	N	Y	N	

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President	Americans for Democratic Action
Member, Bd. of Directors	Community Free Democrats

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

98 MAY 13 PM 1:52

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(5)

HAND DELIVERED

HC (Office Use Only)

2722

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Richard E. Neal
(Full Name)

2236 Rayburn House Office Building (202) 225-5601
(Mailing Address) Daytime Telephone

Washington, D.C. 20515

Filer Status: [X] Member of the U.S. House of Representatives — State: MA District: 2nd; [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard E. Neal **DATE** (Month/Day/Year) 5/13/98

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Massachusetts State Auditor's Office	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1997	$500
American Association of Advertising Agencies	Speech	Jan. 13, 1997	$1,000.
Edward Jones	Speech	Feb. 25, 1997	$2,000.
Securities Industry Association (SIA)	Speech	June 10, 1997	$2,000.

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
	Sun America Money Mkt				X												X						X										
	Springfield Inst. for Savings				X												X					X											
	Spfld MA Municipal CU			X													X					X											
	Congressional CU			X													X					X											
	City of Springfield Retirement FUnd					X									NA							NA											

For additional assets and unearned income, use next page.

2725

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Invest to Compete Alliance	July 2 - July 4	Chatham, Massachusetts (by personal car)	Y	Y	N	N
	American Association of Advertising Agencies	Dec 11 - Dec 13	New York, New York (by personal car)	Y	Y	Y	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 15 AM 8:57
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
INSIDE MAIL
MC
(Office Use Only)
9

George R. Nethercutt, Jr.
(Full Name)

1527 Longworth HOB
(Mailing Address)

(202) 225-2006
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Washington District: 5th	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL George R. Nethercutt, Jr.

DATE (Month/Day/Year) 5-14-98

2727

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	United States Senate	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name George R. Nethercutt, Jr. | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	K- Mart Company	appearance at rally	9-25-97	$500.00
	U.S. Canola Association	Speech	3-7-97	$500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp. Stock	F	DIVIDENDS	VI	P
	Simon & Schuster	Indefinite	Royalties	IX	
	1st Bank of Paducah, KY accounts	G	INTEREST	VI	
	E. 706 Highland Blvd. Spokane WA	G	RENT	VI	
	Fan Mar Partnership, Summerville, SC	F	RENT	VI	
	Midwest Diamond Baseball Club Limited Partnership	C	partnership income		
	Carolina Diamond Baseball Club Limited Partnership	E	partnership income		
	New Energy Company of Indiana	B		II	
	1927 Yankees Investment Club	C	RENT, INTEREST, CAPITAL GAINS	IV	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name George R. Nethercutt, Jr

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Idaho Housing Bonds			X												X							X									S
	Alaska unimproved river lot 14				X																X											
	Van Kampen Amer. Cap. Trust-Lasalle American Pass Fund A - IRA			X										NA - IRA							NA											
	Dean Witter Amer. Value Fund - IRA				X									NA - IRA							NA											
SP	Dean Witter Amer. Value Fund - IRA			X										NA - IRA							NA											
	Capital Guardian Trust Company Growth Fund of America			X										NA - IRA							NA											
	Capital Guardian Trust Company New Perspective Fund				X									NA - IRA							NA											
	Capital Guardian Trust Company Europacific Growth Fund			X										NA - IRA							NA											
	Capital Guardian Trust Company American Mutual Fund				X									NA - IRA							NA											
	Piper Jaffray Money Market Fund			X										NA - IRA							NA											
SP	Capital Guardian Trust Company New Perspective Fund				X									NA - IRA							NA											
	Petite Creations, Inc. (royalty)	X												royalties										X								
	Nethercutt Law Offices				X									Spouse self-employment									X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name George R. Nethercutt, Jr

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	Idaho Housing bonds		X		10-14-97	X									

This page may be copied if more space is required.

2732

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Washington Mutual Bank - Spokane WA	mortgage on E. 706 Highland Blvd. Spokane, WA			X							
	Washington Trust Bank - Spokane, WA	line of credit		X								
	Wachovia National Bank - Summerville, S.C.	Fan-Mar mortgage on 300 N. Main, Summerville, S.C.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None	NA	NA

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None	NA	NA	NA	NA	NA	NA

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Midwest Diamond Baseball Club, Carolina Diamond Baseball Club
Limited Partner	New Energy Company of Indiana
Partner	1927 Yankees Investment Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	NA

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

RECEIVED

98 MAY -7 PM 2:00

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(10)

MC HAND-DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

MARK W. NEUMANN
(Full Name)

4328 FOX HILLS DR.
(Mailing Address)

202 225 3031
Daytime Telephone

JANESVILLE, WI 53546

Filer Status: [X] Member of the U S House of Representatives — State WI District 01 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Mark W. Neumann **DATE** (Month/Day/Year) 4/3/98

2736

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None OTHER THAN GOVERNMENT		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
	Trust Research Seminar, Ltd.	Speech	11-7-97	$1,000
	Note: This was split $500 each to 2 charities			

This page may be copied if more space is required.

Name Mark Neumann

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
Examples:	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	Note Rec. Brookstone Homes	X														X								X								
	Bank One, Janesville, WI				X											X									X							
	Loos, Greg Personal Loan	X														X								X								
	Neumann Homes, Inc	X														X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Neumann

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	4316 Woodcrest						X								X											X						
	4410 Woodgate						X								X											X						
	4418 "						X								X											X						
	1810 Green Valley						X								X											X						
	2006 " "							X							X												X					
	4327 Woodcrest								X						X												X					
	2713-2831 Woodlane								X						X											X						P
	[The Real Estate Jamesville NY]																															
	Lot 19 + Attached Outlots				X																X											
	10615 White Mtn Rd Sun City Arizona				X																X											
	Thompson Plumb				X									X											X							
	Keystone Fund	X																														S
	Gardman Inc							X							X	X	X												X			S
	AAL Life (Cash Value)				X											X								X								
	AAL Mutual (Sept			X												X							X									
	Van Kampen Am Cap Tr.				X											X								X								P
	AIM Equity Fund AACAX				X									X		X								X								P
	" " " CSTGX				X									X		X								X								P

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Neumann

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Self Direct IRA																															
	Bmo Bl. Chip				X									X		X								X								
	Bmo Cm Dev Fund				X									X		X								X								
	Duff + Phelps			X										X		X							X									
	Hyperion 97 Term Inc	X												X		X					X											
	Bmo Money Market			X										X		X							X									
	Gov. Sec. Ins Fund		X											X		X							X									

This page may be copied if more space is required.

2741

SCHEDULE IV — TRANSACTIONS

Name Mark Neumann

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–97		X								
	GreMar, Inc Sub My Stock		X		5/1/97						X				
	# 2718-2831 Woodlawn	X			6/1/97						X				
	Keystone Mutual		X		6/4/97	X									
	Van Kampen Am Cap Tr	X			9/15/97		X								
	AIM Equity Fnds ABCAX	X			9/15/97		X								
	" " " CSTGX	X			9/15/97		X								

This page may be copied if more space is required.

2742

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	(1) BANK One	LINE OF CREDIT NOT IN USE										
	(2) MRS. ROSANNE HUGININ											
	2718 - 2831 WOODLINE (LAND CONTRACT SALE)							X				
	JANESVILLE, WI											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	Jan 9-17	Wash DC - Tel Aviv - Chicago	Y	Y	Y	N
	Organizational Development Assoc. Inc.	Feb 15-17	Chicago - Phoenix - Chicago	Y	Y	Y	N
	1997 Disciple ship Seminar	Sept 19-21	Chicago - Carlsbad, CA - Chicago	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

98 APR 24 PM 4:20

(9)

MC HAND DELIVERED
(Office Use Only)

2746

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Robert William Ney
(Full Name)

112 Overlook Ct. St. Clairsville, Ohio 43950
(Mailing Address)

(614) 225-6265
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: Ohio District: 18	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Robert W. Ney

DATE (Month/Day/Year) April 5, 1998

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	- NONE -		

For payments to charity in lieu of honoraria, use Schedule II.

2747

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb 2, 1997	$2,000
	XYZ Magazine	Article	Aug 13, 1997	$500
	-NONE-			

This page may be copied if more space is required.

Name Robert W. Nee | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: Mega Corp. Stock					X								X										X								P
SP, DC, JT	Examples: Simon & Schuster			Indefinite																Royalties									X			
SP, DC, JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	SAVINGS ACCOUNT BANK ONE BELLAIRE, OHIO			X												X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert W. Ney

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

This page may be copied if more space is required.

2750

SCHEDULE IV — TRANSACTIONS

Name ROBERT W. NEY | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–97		X								
	— NONE —															

This page may be copied if more space is required.

2751

Name ROBERT L. [illegible] | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.[1]

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	MBNA	CREDIT CARD		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	— NONE —	

Use additional sheets if more space is required.

2752

Name ROBERT W. NEY | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	~ NONE ~						

This page may be copied if more space is required.

2753

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	- NONE -

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	- NONE -	

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

BOB NEY
18TH DISTRICT, OHIO
1024 LONGWORTH H.O.B.
WASHINGTON, DC 20515
(202) 225-6265
(202) 225-3394 FAX
E-MAIL bobney@hr.house.gov

HAND DELIVERED

COMMITTEES
BANKING AND FINANCIAL SERVICES
TRANSPORTATION AND INFRASTRUCTURE
HOUSE OVERSIGHT
DEPUTY WHIP

Congress of the United States
House of Representatives
Washington, DC 20515–3518

(1)

RECEIVED
98 MAY 14 PM 12:24
CLERK'S OFFICE
U.S. HOUSE OF REPRESENTATIVES

May 14, 1998

Honorable Robin H. Carle
Clerk Of The House
H154, Capitol
HAND DELIVERED

Dear Robin:

I am writing to amend Schedule VII, Travel Payment and Reimbursements of my 1997 Financial Disclosure Statement. It was previously submitted on April 24, 1998. Please add the following entry.

Source: Aspen Institute
Dates: March 7-9, 1998
Point of Departure-Destination-Point of Return: Wash, DC -- Hershey, PA -- Wash, DC
Lodging: Yes
Food: Yes
Family Member Included: Yes
Any time not at sponsor's expense: No

Thank you for your assistance regarding this request. If you have any questions or concerns, please contact my Executive Assistant, Maggie Riith at 5-6265.

With best regards,

Robert W. Ney
Member of Congress

DISTRICT OFFICES

3201 BELMONT STREET
ROOM 604
BELLAIRE, OH 43906
(614) 676-1960
(614) 676-1983 FAX

401 MARKET STREET
SUITE 719
STEUBENVILLE, OH 43952
(614) 283-3716
(614) 283-1915 FAX

HILTON-FAIRFIELD BUILDING
152 2ND STREET, NE, #200
NEW PHILADELPHIA, OH 44663
(330) 364-6380
(330) 364-7675 FAX

MASONIC TEMPLE BUILDING
38 NORTH 4TH STREET
ROOM 502
ZANESVILLE, OH 43701
(614) 452-7023
(614) 452-7191 FAX

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 19 AM 10: 20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 15 1998 (9)
(Office Use Only)

ANNE NEAGHER NORTHUP
(Full Name)

3340 LEXINGTON ROAD
(Mailing Address)

(502)582-5129
Daytime Telephone

LOUISVILLE, KENTUCKY 40206

Filer Status	[X] Member of the U.S. House of Representatives	State KY District 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Anne N. Northup

DATE (Month/Day/Year) 5/15/98

2756

Name	ANNE MEAGHER NORTHUP	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. HOUSE OF REPRESENTATIVES	CONGRESSIONAL SALARY	$121,724
	RADIO SOUND	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2757

Name	ANNE MEAGHER NORTHUP	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
KENTUCKY FRIED CHICKEN, LOUISVILLE, KY	SPEECH	NOV. 14, 1997	$100
ST. MARY'S COLLEGE, SOUTH BEND, IN	SPEECH	MAY 17,1 997	$1000

This page may be copied if more space is required.

2758

Name ANNE MEAGHER NORTHUP

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP Mega Corp Stock					X								X										X								P
		Simon & Schuster		Indefinite																	Royalties									X			
		1st Bank of Paducah, KY accounts						X									X									X							
	BANC ONE COMMON STOCK								X						X												X						
JT	MERRILL LYNCH MUTUAL FUNDS				X																	X											
SP	FIDELITY MUTUAL FUNDS							X							X													X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ANNE MEAGHER NORTHUP

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	RADIO SOUND COMMON STOCK									X				X															X			
SP	ROYAL GOLD COMMON STOCK		X																		X											
JT	HARLEY DAVIDSON INC. - COMMON STOCK		X											X								X										P
JT	VENCOR, INC. COMMON STOCK		X																		X											P

This page may be copied if more space is required.

2760

SCHEDULE IV — TRANSACTIONS

Name: ANNE MEAGHER NORTHUP

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	N/A														

This page may be copied if more space is required.

Name	ANNE MEAGHER NORTHUP	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

2762

Name	ANNE MEAGHER NORTHUP	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ST. MARY'S COLLEGE (SPEECH)	MAY 16-17	WASHINGTON, D.C. SOUTH BEND, IN	Y	Y	Y	N

This page may be copied if more space is required.

Name	ANNE MEAGHER NORTHUP	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

ANNE M. NORTHUP
3RD DISTRICT, KENTUCKY

WASHINGTON OFFICE
1004 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-5401
FAX: 202-225-5776
rep.northup@mail.house.gov

DISTRICT OFFICE
MAZZOLI FEDERAL BUILDING
600 MARTIN LUTHER KING JR. PLACE
SUITE 216
LOUISVILLE, KY 40202
502-582-5129
FAX: 502-582-5897

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 JUN -1 AM 8:58
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

COMMITTEE
APPROPRIATIONS
SUBCOMMITTEES
HEALTH AND HUMAN SERVICES, AND EDUCATION
TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT
DISTRICT OF COLUMBIA

Congress of the United States
House of Representatives
Washington, DC 20515

INSIDE MAIL

May 28, 1998

The Honorable Robin H. Carle
Clerk of the House
U.S. Capitol, H-154
Washington, D.C. 20515

MC

Dear Ms. Carle:

It has come to my attention that I failed to list a board membership on Schedule VIII of my Financial Disclosure Statement due on May 15, 1998.

As of April 15, 1997, I became a member of the board of the Louisville/Jefferson County Redevelopment Authority.

If you have any questions, please do not hesitate to contact me at 202-225-5401.

Sincerely,

Anne M. Northup

Anne Northup
Member of Congress

RECEIVED
98 MAY 29 PM 3:59

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 JUN 12 AM 9:51

JUN 11 1998 12:45PM

✓ HC HAND DELIVERED (3)

(Office Use Only)

ANNE MEAGHER NORTHUP
(Full Name)

3340 LEXINGTON ROAD
(Mailing Address)

(502) 582-5129
Daytime Telephone

LOUISVILLE, KENTUCKY 40206

Filer Status	[X] Member of the U.S. House of Representatives	State: KY District: 03	[ ] Officer or Employee — Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Anne M. Northup

DATE (Month/Day/Year) June 11, 1998

2766

Name ANNE MEAGHER NORTHRUP

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	C $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples.* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	BANC ONE COMMON STOCK							X						X											X							
SP	RADIO SOUND COMMON STOCK									X				X														X				
SP	ROYAL GOLD COMMON STOCK			X																	X											
SP	MERRILL LYNCH PACIFIC FUND A			X										X								X										
	MERRILL LYNCH PACIFIC FUND B (IRA)			X										X								X										
JT	MERRILL LYNCH MONEY MARKET FUND			X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ANNE MEAGHER NORTHRUP

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	FIDELITY EMERGING GROWTH FUND			X										X										X								
SP	FIDELITY CONTRAFUND				X									X										X								
SP	FIDELITY DISCIPLINED FUND				X									X										X								
SP	FIDELITY LOW PRICED FUND				X									X										X								
SP	FIDELITY STOCK SELECTION FUND				X									X										X								
SP	FIDELITY ASSET MGR. FUND				X									X										X								
SP	FIDELITY HEALTH CARE FUND			X										X											X							
SP	FIDELITY SELECT ELECTRONICS FUND			X										X											X							
SP	FIDELITY NEW MILENNIUM FUND			X										X										X								
SP	FIDELITY DEVELOPING COMMUNICATION FUND			X										X										X								

This page may be copied if more space is required.

2768

RECEIVED

98 MAY 13 AM 11:44

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

FILING DATE STAMPED

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Eleanor Holmes Norton (Full Name)

10 Ninth Street, NE (Mailing Address)

Washington, DC 20003

(202) 225-8050 Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: D.C. District:	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eleanor Holmes Norton

DATE (Month/Day/Year): 5/12/98

2769

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Georgetown University	Approved Teaching Fee	$6,938
	Pitney Bowes (this item is not subject to the limit on outside earned income)	Retirement Fee	$12,000

For payments to charity in lieu of honoraria, use Schedule II.

2770

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset (A–L)												Type of Income							Amount of Income (I–XI)											Transaction (P, S, E)
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			Int Bank of Prudonii, KY accounts					X									X																
	Congressional Federal				X												X								X								
	Credit Union																																
	Boston Capital Private			X											Partnership						Income	X											
	Tax Cr Fund																																
	Intergen Investors, Ltd						X								Partnership						Income	X											
	Star Partners II, Ltd.		X												Partnership						Income	X											

For additional assets and unearned income, use next page

2771

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	High Equity Partners			X																												
	~~Series 85~~																															
	High Equity Partners			X																												
	~~Series 86~~																															
	Resources Accrued			X																												
	Mortgage Inv. Series 86																															
	Rotor Tool, L.P.				X																											
	American Cable TV				X																											
	~~Investors IV~~																															
	Synthetic Industries				X																											
	~~Technology Funding~~				X																											
	Partners IV																															
	~~Technology Funding~~				X																											
	Partners V																															
	Westmed 1 LP			X																												
	~~Fidelity Advisor~~																															
	Growth Opportunities					X																										
	MFS Emerging Growth					X																										
	Fund Class B																															
	RTC Cash Account	X																														

Resources Trust IRA

2772

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	LG&E Energy Co.				X									X									X									
	NY Venture Fund					X								X								X										
	Indiana University			X																	X											
	Revs. Student																															
	Cook County, IL				X																X											
	School District																															
	Romeo, MI Community				X																X											
	School District																															

This page may be copied if more space is required

2773

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	MetLife Pension Annuity			X										Income Yet to be Derived																
	TIAA-CREF	Indefinite												Income Yet to be Derived																

This page may be copied if more space is required

SCHEDULE IV — TRANSACTIONS

Name Eleanor Holmes Norton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	SHS Washington Gas & Light		X		1/15/97	X									
	SHS SA Mid Cap Gr A		X		6/24/97	21.88									
	Rotor Tool LP	partial		close-10/6/97		X									
		out													
	SHS MFS/Sun Regatta		X		11/24/97			X							
	(a component of SunLife IRA)														
	CMA Cash Account	X			12/8/97		X								
	New York Venture Fund	X.			Dividend	X									
				Reinvestment											
				(last date											
					12/10/97)										

This page may be copied if more space is required.

2775

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Queen's Bench Judge's Association	Jan. 29-Feb. 2	Wash., D.C. - San Fransisco, CA - Wash., D.C.	N	N	N	N
	Mills College, Oakland, CA	Nov. 20-24	Wash., D.C. - Oakland, CA - Wash., D.C.	N	N	N	N
	Aspen Institute	Mar. 7-9	Wash., D.C. - Hershey, PA - Wash., D.C.	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	Please see attached exhibit

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	Georgetown University	Extended leave of absence from position as Professor of Law Part-time faculty appointment to teach a seminar in 1997-98 academic year (see attached letter of approval from Committee on Standards of Official Conduct and letter of agreement from Georgetown University Law Center)

Use additional sheets if more space is required

2777

The Honorable Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1997
Exhibit
Schedule VIII, Positions

Position	Name of Organization
Professor of Law *	Georgetown University
Member of the Board	A. Phillip Randolph Institute
Member of the Board	Center for Budget and Policy Priorities
Member	Citizens Commission on Civil Rights
Co-Chair	Community Building in Troubled Urban Neighborhoods Task Force/Center for National Policy
Member	Council on Foreign Relations
Member of the Board	Economic Policy Institute
Member of the Board	Environmental Law Institute
Member of the Board	Lawyers Committee for Civil Rights Under Law
Trustee	Martin Luther King, Jr. Center for Social Change
Member of the Board	Ronald McDonald House
Commissioner	Population and Quality of Life Independent Commission
Chair	Women's Law and Public Policy Fellowship Program
Member of the Board	Work in America Institute
Chair	Workplace Health Fund
Member of the Board of Counsellors	YMCA of the USA
Member of the Board	Washington Symphony Orchestra

* on extended leave of absence; teaching seminar during 1997-98 academic year (See Schedule VIII and attached letters)

JAMES V. HANSEN, UTAH
CHAIRMAN

HOWARD L. BERMAN, CALIFORNIA
RANKING DEMOCRATIC MEMBER

SUITE HT-2, THE CAPITOL
(202) 225-7103

ONE HUNDRED FIFTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

July 29, 1997

The Honorable Eleanor Holmes Norton
U.S. House of Representatives
1424 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This is to notify you of Committee approval of your request of July 21, 1997, to teach for compensation at the Georgetown University Law Center during the 1997-98 academic year. You explain that no official resources will be used to meet your teaching obligation, nor do you believe that it will conflict with your congressional responsibilities. You included with your request correspondence from Dean Judith Areen reflecting the terms of your agreement with the Law Center.

On April 24, 1991, this Committee issued guidelines on teaching for compensation by Members and senior staff. We believe that your proposed teaching arrangement is consistent with these requirements. Your teaching compensation is subject to the 15 percent outside earned income limit of House Rule XLVII. For 1997, that limit is $20,040. The income also must be reported on your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

James V. Hansen
Chairman

Howard L. Berman
Ranking Democratic Member

JVH/HLB:dhl

GEORGETOWN UNIVERSITY LAW CENTER

The Honorable Eleanor Holmes Norton
U. S. House of Representatives
1424 Longworth House Office Building
Washington, D. C. 20515

Dear Eleanor:

I am delighted that you have agreed to teach a seminar at the Law Center during the 1997-98 academic year. This letter confirms the terms of your faculty appointment.

Consistent with Georgetown University's faculty leave policy, your leave of absence from the full-time faculty has been extended through June 30, 1998.

Your seminar will be offered as part of the regular J.D. program of instruction at the Law Center. Students will receive regular credit toward their law degrees for their attendance and participation in your seminar.

The seminar is scheduled for Mondays, 3:30 - 5:30 p.m., and will meet on alternate weeks for the entire academic year, for a total of fourteen two-hour class sessions. Your responsibilities will include class preparation and the evaluation of student papers.

Your salary will be $7,700, which will be paid out of Law Center operating funds. No federal funds will be devoted to your salary. The compensation you will receive does not exceed the salary the Law Center pays to those whose professional qualifications are similar to yours and who provide a comparable level of instruction and amount of work. Barbara Duncan, administrative officer in charge of Law Center payroll, will contact you regarding arrangements for payment.

Enclosed is a copy of the 1997-98 Law Center academic calendar. If you have any questions about the scheduling of your seminar, please contact Assistant Dean Carol O'Neil at (202) 662-9041.

You are eligible to hire a student research assistant to assist in preparation of the seminar materials. The student will be paid out of Law Center operating funds.

600 New Jersey Avenue NW Washington DC 20001-2075
202-662-9030 FAX 202-662-9255

Sincerely,

Judith Areen
Dean

JA:amr

Understood and accepted.

ELEANOR HOLMES NORTON

August 1, 1997
Date

RECEIVED
98 JUN 11 PM 3:44

ELEANOR HOLMES NORTON
DISTRICT OF COLUMBIA

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE

SUBCOMMITTEES
SURFACE TRANSPORTATION
PUBLIC BUILDINGS AND
ECONOMIC DEVELOPMENT

HAND DELIVERED

COMMITTEE ON
GOVERNMENT REFORM AND
OVERSIGHT

SUBCOMMITTEE
RANKING MINORITY MEMBER,
DISTRICT OF COLUMBIA

CIVIL SERVICE

CO-CHAIR
CONGRESSIONAL CAUCUS FOR
WOMEN'S ISSUES

Congress of the United States
House of Representatives
Washington, D.C. 20515

14

June 11, 1998

MC

Office of the Clerk
B-106
Attention: Janice

Dear Janice:

I am forwarding an amended version of Congresswoman Norton's 1997 Financial Disclosure form. Pages 5 and 8 have been amended. Please call me at 225-8050 if you have any additional questions.

Sincerely,

Donna Brazile

815 15TH STREET, N.W., SUITE 100
WASHINGTON, D.C. 20005-2201
(202) 783-5065
(202) 783-5211 (FAX)

1424 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-5101
(202) 225-8050
(202) 225-3002 (FAX)
(202) 225-7829 (TDD)

2041 MARTIN L. KING AVENUE, S.E.
SUITE 300
WASHINGTON, D.C. 20020-5734
(202) 678-8900
(202) 678-8944 (FAX)

Recycled Paper

98 JUN 11 PM 3:44

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Eleanor Holmes Norton
(Full Name)

10 Ninth Street, NE
(Mailing Address)

Washington, DC 20003

(202) 225-8050
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: D.C. District:	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eleanor Norton

DATE (Month/Day/Year): 5/12/98

2783

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Georgetown University	Approved Teaching Fee	$6,938
	Pitney Bowes (this item is not subject to the limit on outside earned income)	Retirement Fee	$12,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Podunk, KY accounts					X									X									X							
	Congressional Federal				X												X								X								
	Credit Union																																
	Boston Capital Private			X											Partnership						Income	X											
	Tax Cr Fund																																
	Intergen Investors, Ltd					X									Partnership						Income	X											
	Star Partners II, Ltd.		X												Partnership						Income	X											

For additional assets and unearned income, use next page

2785

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	High Equity Partners			X																												
	Series 85 High Equity Partners			X																												
	Series 86 Resources Accrued			X																												
	Mortgage Inv. Series 86 Rotor Tool, L.P.				X																											
	American Cable TV				X																											
	~~Investors IV~~ Synthetic Industries				X																											
	~~Technology Funding~~ Partners IV				X																											
	Technology Funding Partners V				X																											
	Westmed 1 LP			X																												
	~~Fidelity Advisor~~ Growth Opportunities					X																										
	MFS Emerging Growth Fund Class B					X																										
	RTC Cash Account	X																														

Resources Trust IRA

This page may be copied if ...

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	LG&E Energy Co.				X									X									X									
	NY Venture Fund					X								X								X										
	Indiana University			X																	X											
	Revs. Student																															
	Cook County, IL				X																X											
	School District																															
	Romeo, MI Community				X																X											
	School District																															
	Rittenhouse Square Assoc.	X													Partnership					Income	X											S
	Oxford University Press	Indefinite													Royalties						X											

This page may be copied if more space is required.

2787

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	MetLife Pension Annuity			X										Income Yet to be Derived																		
	TIAA-CREF	Indefinite												Income Yet to be Derived																		

This page may be copied if more space is required

SCHEDULE IV — TRANSACTIONS

Name Eleanor Holmes Norton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-97		X								
	SHS Washington Gas & Light		X		1/15/97	X									
	SHS SA Mid Cap Gr A		X		6/24/97	21.88									
	Rotor Tool LP	partial		close-10/6/97		X									
		out													
	SHS MFS/Sun Regatta		X		11/24/97			X							
	(a component of SunLife IRA)														
	CMA Cash Account	X			12/8/97		X								
	New York Venture Fund	X.			Dividend	X									
				Reinvestment											
				(last date											
					12/10/97)										

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Queen's Bench Judge's Association	Jan. 29-Feb. 2	Wash., D.C. - San Fransisco, CA - Wash., D.C.	N	N	N	Y 2 Days
Mills College, Oakland, CA	Nov. 20-24	Wash., D.C. - Oakland, CA - Wash., D.C.	N	N	N	Y 2 days
Aspen Institute	Mar. 7-9	Wash., D.C. - Hershey, PA - Wash., D.C.	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	Please see attached exhibit

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	Georgetown University	Extended leave of absence from position as Professor of Law
		Part-time faculty appointment to teach a seminar in 1997-98 academic year
		(see attached letter of approval from Committee on Standards of Official Conduct and letter of agreement from Georgetown University Law Center)

Use additional sheets if more space is required

The Honorable Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1997
Exhibit
Schedule VIII, Positions

Position	Name of Organization
Professor of Law *	Georgetown University
Member of the Board	A. Phillip Randolph Institute
Member of the Board	Center for Budget and Policy Priorities
Member	Citizens Commission on Civil Rights
Co-Chair	Community Building in Troubled Urban Neighborhoods Task Force/Center for National Policy
Member	Council on Foreign Relations
Member of the Board	Economic Policy Institute
Member of the Board	Environmental Law Institute
Member of the Board	Lawyers Committee for Civil Rights Under Law
Trustee	Martin Luther King, Jr. Center for Social Change
Member of the Board	Ronald McDonald House
Commissioner	Population and Quality of Life Independent Commission
Chair	Women's Law and Public Policy Fellowship Program
Member of the Board	Work in America Institute
Chair	Workplace Health Fund
Member of the Board of Counsellors	YMCA of the USA
Member of the Board	Washington Symphony Orchestra

* on extended leave of absence; teaching seminar during 1997-98 academic year (See Schedule VIII and attached letters)

JAMES V. HANSEN, UTAH
CHAIRMAN

HOWARD L. BERMAN, CALIFORNIA
RANKING DEMOCRATIC MEMBER

SUITE HT-2, THE CAPITOL
(202) 225-7103

ONE HUNDRED FIFTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

July 29, 1997

The Honorable Eleanor Holmes Norton
U.S. House of Representatives
1424 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This is to notify you of Committee approval of your request of July 21, 1997, to teach for compensation at the Georgetown University Law Center during the 1997-98 academic year. You explain that no official resources will be used to meet your teaching obligation, nor do you believe that it will conflict with your congressional responsibilities. You included with your request correspondence from Dean Judith Areen reflecting the terms of your agreement with the Law Center.

On April 24, 1991, this Committee issued guidelines on teaching for compensation by Members and senior staff. We believe that your proposed teaching arrangement is consistent with these requirements. Your teaching compensation is subject to the 15 percent outside earned income limit of House Rule XLVII. For 1997, that limit is $20,040. The income also must be reported on your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

James V. Hansen
Chairman

Howard L. Berman
Ranking Democratic Member

JVH/HLB:dhl

GEORGETOWN UNIVERSITY LAW CENTER

The Honorable Eleanor Holmes Norton
U. S. House of Representatives
1424 Longworth House Office Building
Washington, D. C. 20515

Dear Eleanor:

I am delighted that you have agreed to teach a seminar at the Law Center during the 1997-98 academic year. This letter confirms the terms of your faculty appointment.

Consistent with Georgetown University's faculty leave policy, your leave of absence from the full-time faculty has been extended through June 30, 1998.

Your seminar will be offered as part of the regular J.D. program of instruction at the Law Center. Students will receive regular credit toward their law degrees for their attendance and participation in your seminar.

The seminar is scheduled for Mondays, 3:30 - 5:30 p.m., and will meet on alternate weeks for the entire academic year, for a total of fourteen two-hour class sessions. Your responsibilities will include class preparation and the evaluation of student papers.

Your salary will be $7,700, which will be paid out of Law Center operating funds. No federal funds will be devoted to your salary. The compensation you will receive does not exceed the salary the Law Center pays to those whose professional qualifications are similar to yours and who provide a comparable level of instruction and amount of work. Barbara Duncan, administrative officer in charge of Law Center payroll, will contact you regarding arrangements for payment.

Enclosed is a copy of the 1997-98 Law Center academic calendar. If you have any questions about the scheduling of your seminar, please contact Assistant Dean Carol O'Neil at (202) 662-9041.

You are eligible to hire a student research assistant to assist in preparation of the seminar materials. The student will be paid out of Law Center operating funds.

600 New Jersey Avenue NW Washington DC 20001-2075
202-662-9030 FAX 202-662-9035

Sincerely,

Judith Areen
Dean

JA:amr

Understood and accepted.

ELEANOR HOLMES NORTON

August 1, 1997
Date

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
98 JUN -5 AM 11:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

9

Charles W. Norwood
(Full Name)

3914 Mulligan Road, Evans, GA 30809
(Mailing Address)

(202) 225-4101
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Georgia District: 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL **DATE** (Month/Day/Year)

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Park Avenue Fabrics, Inc.	Spouse Salary	NA
	Contract Work - Decorator	Contract Work	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
Georgia Hospital Assn - donated to the Augusta Opera Assn.	Speech	July 12, 1997	$1,000.00
North Carolina Dental Assn. - donated to the Augusta Symphony	Speech	May 17, 1997	$2,000.00

This page may be copied if more space is required.

2798

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP																															
			Mega Corp Stock					X							X																		P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts						X								X									X							
	Congressional Federal Credit Union			X													X						X										
	Suntrust Bank				X												X							X									
	Note receivable - Dr. Fred Thielke						X										X									X							
	Fripp Island (½ interest IRA loc)					X																X											
	Bowers & Norwood Leasing (Ptr)																																
	50% Int Rental Bldg. Augusta, GA								X							X										X							

For additional assets and unearned income, use next page.

2799

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles W. Norwood

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Smith Barney Money Funds			X										X								X										
	Uro-Health Systems, Inc.																															
	merged into Imagyn Med	X												X							X											S
	Liquid Capital Inc. Trst	X												X								X										
	Price Communication Corp	X												X							X											
	UTS EIF Select 10			X										X							X											P
SP	Liquid Capital Inc. Trust		X											X								X										
SP	UTS EIF Select 10			X										X							X											P
SP	Chrysler Corp.	X												X							X											S
SP	Great Western Financial Corp	X												X							X											S
	Pronet, Inc.	X												X							X											S
	Lucent Technology One	X												X							X											S
JT	G&C Properties - PTR-100%																															
	Int. Rental Bldg. Augusta, GA	X													X											X						S
	Belair Rd.-Wrightsboro Rd. Augusta, GA ½ int in raw land								X												X											
	Loundes Co. GA - 61 acres					X															X											
SP	Park Avenue Fabrics	X															X				X											S
	** Personal Residence Excluded																															

This page may be copied if more space is required.

2800

SCHEDULE IV — TRANSACTIONS

Name Charles W. Norwood

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	Timber		X		3-27-97	X									
	Land - Mulliken Rd.		X		9-22-97		X								
SP	Land Lot - Lowndes County		X		6-30-97	X									
SP	Park Avenue Fabircs		X		8-30-97		X								
	Imagyn Medical Tech Stock		X		12-29-97	X									
	Bowers & Norwood Leasing-Lot Sale - ½ Int.		X		3-24-97		X								
	G & C Properties - Sale of Bldg. & Land		X		8-20-97				X						
SP	Chrysler Corp.		X		12-5-97	X									
	Pronet, Inc.		X		1-22-97	X									
	Lucent Technology, Inc.		X		2-26-97	X									
SP	Great Western Financial Corp.		X		2-18-97	X									
	UTS EIF Select 10	X			12-5-97	X									
SP	UTS EIF Select 10	X			12-5-97	X									

This page may be copied if more space is required.

2801

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Suntrust Bank - ½ Interest	Mortgage on Rental Property				X						
	Suntrust Bank	Mortgage on Rental Property				X						
	** Mortgage on Personal Residence Excluded											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

2802

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Chicago Dental Society	Feb. 21-22	Atlanta-Chicago-Wash., DC	Y	Y	N	N
Ohio Dental Assn.	March 1	Wash., DC-Columbus-Wash., DC	N	N	N	N
American Medical Assn.	Mar. 17-18	Augusta-Philadelphia-Wash., DC	Y	N	N	N
Pennsylvania Dental Assn.	April 19-20	Atlanta-Philadelphia-Augusta	Y	Y	N	N
Southeastern Dental Society	April 26-27	Augusta-Jacksonville- Wash,DC	Y	Y	Y	N
N.Y. 8th District Dental Society	May 5-6	Wash., DC-Buffalo-Wash., DC	N	Y	N	N
North Carolina Dental Assn.	May 17-19	Myrtle Beach-Wash., DC	Y	Y	Y	N
Baltimore County Dental Society	May 20	Wash., DC-Baltimore-Wash., DC	N	Y	N	N
Georgia Hospital Assn.	July 11-12	Wash., DC-Jacksonville-Augusta	Y	Y	N	N
Georgia Dental Assn.	Aug. 14-17	Augusta-Pensacola- Augusta	Y	Y	N	N
Wisconsin Dental Assn.	Sept. 13-19	Atlanta-Milwaukee-Wash., DC	Y	Y	N	N
American Academy of Periodontology	Oct. 2-6	Wash., DC-San Diego-Wash, DC	Y	Y	Y	2 days
American Medical Assn.	Dec 4	Atlanta-Dallas-Savannah	N	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Bowers and Norwood Leasing
Partner	G & C Properties

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

2805

98 MAY 14 PM 12:35

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

3

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Jim Nussle
(Full Name)

303 Cannon House Office Building 202-225-2911
(Mailing Address) Daytime Telephone

Washington, D.C. 20515

Filer Status [x] Member of the U.S. House of Representatives State: ____ District: ____ [ ] Officer or Employee Employing Office: ____

Report Type [x] Annual (May 15) [ ] Amendment [ ] Termination Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jim Nussle **DATE** (Month/Day/Year) 5/14/98

Name	Page 2 of 3
Jim Nussle	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Manchester Family Medical	Spouse Salary (divorced during reporting period)	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2806

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Jim Nussle

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster	Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
---	Firststar Bank Stock					X									X							X											
---	U.S. Savings Bonds			X													X					X											

For additional assets and unearned income, use next page.

98 JUN -4 PM 4:18

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

James L. Oberstar
(Full Name)

2366 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone 202/225-6211

HAND DELIVERED

MC

(Office Use Only)

11

Filer Status	[X] Member of the U S House of Representatives	State: MN District 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [X]	No [ ]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James L. Oberstar

DATE (Month/Day/Year): 6.4.98

2808

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Kurth & Co., Inc., Washington, DC	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

2809

Name James L. Oberstar

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples:	SP	Mega Corp. Stock					X							X										X								P
DC			Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X									X							
	Cong. Fedl Credit Union								X								X									X							
	Cong. Fedl Credit Union (IRA)					X											X						X										
	Chevy Chase Bank					X											X						X										
	US Treasury Notes						X										X								X								P
	Prudential Money Market Fund						X										X								X								

For additional assets and unearned income, use next page.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Kurth & Co. (Money Purchase Plan Retirement Fund)	$500,001 - $1,000,000	NA		NA
SP	Kurth & co. (Defined Benefit Retirement fund)	$500,001 - $1,000,000	NA		NA
SP	Kurth By Pass Trust		Excepted Trust	$5,001 - $15,000	NA
SP	Kurth QTip A Trust		Excepted Trust	$15,001 - $50,000	NA
SP	Johnson & Johnson	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	Prudential Moneymart Asset Fund	None	Dividends	$1 - $200	S
SP	Xerox Corp.	$1,001 - $15,000	Dividends	$1 - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Charter Power Systems, Inc	None	Dividends	$1 - $200	E
SP	Command Money Fund	$1 - $1,000	Dividends	$1 - $200	NA
SP	IRT Property Co.	$15,001 - $50,000	Dividends	$2,501 - $5,000	NA
SP	Charter Power Systems, Inc.	None	Dividends	$1 - $200	E
SP	Iron Mountain Delaware	$50,001 - $100,000	Dividends	None	NA
SP	LeCroy Corp.	$50,001 - $100,000	Dividends	None	
SP	Mesa Air Group	None	Capital Gains	None	Sold at loss
SP	Pharmakinetics Labs	$1,001 - $15,000	Dividends	None	NA
SP	Reptron Electronics	$1,001 - $15,000	Dividends	None	NA
SP	Trion, Inc.	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	Union Carbide	None	Capital Gains	$5,001 - $15,000	S
SP	Vitesse Semiconductor	$15,001 - $50,000	Capital Gains	$15,001 - $50,000	Partial Sale
SP	Xerox	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	Xicor	$1,001 - $15,000	Dividends	None	NA
SP	Safeway, Inc. Sr. Subordinated Debentures	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
SP	Iron Mountain	$1,001 - $15,000	Dividends	None	NA
SP	LeCron Corp.	$1,001 - $15,000	Dividends	None	NA
SP	Reptron	$15,001 - $50,000	Dividends	None	NA
SP	Stevens International	$1,001 - $15,000	Dividends	None	NA
SP	US Office Products	$1,001 - $15,000	Dividends	None	NA
SP	Zicor	$1,001 - $15,000	Dividends	None	NA
SP	Iron Mountain	$15,001 - $50,000	Dividends	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Arch Communications	$15,001 - $50,000	Interest	$5,001 - $15,000	NA
SP	Command Money Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
SP	Vista Growth & Income Fund	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
SP	Great Hall Government Money Market Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	John Hancock Class B Bank Fund	$50,001 - $100,000	Dividends	$201 - $1,000	P
SP	Vista Growth & Income Fund (see above)	$250,001 - $500,000	Capital Gains	$15,001 - $50,000	NA
SP	John Hancock Class B Bank Fund (see above)	$50,001 - $100,000	Capital Gains	$201 - $1,000	NA
SP	Kemper Money Market	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	Kemper High Yield	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
SP	2402 37th St.,NW, Washingon,DC (50% interest)	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
SP	JKO, Inc. (formerly called Kurth & Co., Inc.)	$50,001 - $100,000	Interest	None	NA
SP	Paine Webber	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
SP	Ira Prudential Securities:				
SP	1. IRT	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	2. Reptron Electronics	$1,001 - $15,000	Dividends	None	NA
SP	3. Starwood Lodgings Trust	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	4. Money Market	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	5. Johnson & Johnson	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	6. Stevens International, Inc.	$1,001 - $15,000	Dividends	None	NA
SP	7. Unisys Corp. Common Stk	$15,001 - $50,000	Dividends	None	P
SP	8. Vitesse Semiconductor	None	Capital Gains	$2,501 - $5,000	S

2813

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	John Hancock Bank Fund	$100,001 - $250,000	Dividends	$1,001 - $2,500	NA
SP	Pioneer Growth Shares	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	Pioneer Growth Share (see above)	$15,001 - $50,000	Capital Gains	$1,001 - $2,500	NA
SP	John Hancock Bank Fund (see above)	$100,001 - $250,000	Capital Gains	$201 - $1,000	NA
SP	Union Carbide	None	Capital Gains	$5,001 - $15,000	S
SP	Southview & Prince William	$15,001 - $50,000	Rent	None	NA
DC	Cong. Federal Credit Union		Owned by child who is no longer a dependent		
SP	Singer Co. NV	None	Dividends	$1 - $200	P,S
SP	Scan Optics, Inc.	$15,001 - $50,000	Dividends	None	P
SP	C & D Technology, Inc. (formerly Charter Power Systems)	$50,001 - $100,000	Dividends	$1 - $200	E
SP	Central European Media Enterprises, Ltd.	$15,001 - $50,000	Dividends	None	P
SP	Unisys Corp.	$50,001 - $100,000	Dividends	None	P
SP	Johnson & Johnson	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	C & D Technology	$15,001 - $50,000	Dividends	$201 - $1,000	E
JT	Smith Barney Managed Municipal Fund	$1,001 - $15,000	Interest	$201 - $1,000	Excludable gift
JT	Smith Barney Managed High Income Fund	$1,001 - $15,000	Interest	$201 - $1,000	Excludable gift
SP	Orion Capital Corp.	$1,001 - $15,000	Dividends	$1 - $200	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Unisys Corp. Common Stock	Purchase	5/13/97	$15,001 - $50,000
SP	Johnson & Johnson Common Stock	Purchase	5/13/97	$15,001 - $50,000
SP	Vitesse Semiconductor Corp.	Sold	5/12/97	$50,001 - $100,000
SP	Singer Co. NV	Purchase	1/7/97	$15,001 - $50,000
SP	Union Carbide Corp.	Sold	1/6/97	$15,001 - $50,000
SP	Charter Power Systems (Name changed to C&D Tech.	Exchange	7/7/97	$15,001 - $50,000
SP	C & D Technology (Formerly Charter Power Systems)	Exchange	7/7/97	$15,001 - $50,000
SP	Scan Optics, Inc.	Purchase	10/13/97	$15,001 - $50,000
SP	Singer Co. NV	Sold	9/16/97	$15,001 - $50,000
SP	Vista Growth & Income Fund Quarterly Dividend Reinvestment	Purchase	Var	$15,001 - $50,000
SP	John Hancock Class B Bank Fund Quarterly Divident Reinvestment	Purchase	Var	$1,001 - $15,000
SP	Kemper High Yield Fund Monthly Dividend Reinvestment	Purchase	Var	$1,001 - $15,000
SP	Central European Media Enterprises, Lt.	Purchase	1/7/97	$15,001 - $50,000
SP	Unisys Corp.	Purchase	5/13/97	$15,001 - $50,000
SP	Johnson & Johnson	Purchase	5/13/97	$15,001 - $50,000
SP	Union Carbide	Sold	1/6/97	$15,001 - $50,000
SP	Vitesse Semiconductor Corp.	Sold	5/12/97	$15,001 - $50,000
SP	Mesa Air Group, Inc.	Sold	5/12/97	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Charter Power Systems, Inc. (name changed to C&D Tech.)	Exchange	7/7/97	$15,001 - $50,000
SP	C&D Technology, Inc. (Formerly Charter Power Systems, Inc.)	Exchange	7/7/97	$15,001 - $50,000
JT	US Teasury Notes	Purchase	11/8/96	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
ISTED	2/15-19/97	DC-Paris, France-DC	Y	Y	Y	None
Aspen Institute (Bipartisan Retreat)	3/7-9/97	DC-Hershey, PA-DC	Y	Y	Y	None
Raytheon	3/10/97	DC-Marlborough, MA-DC	N	Y	N	None
Slovene Natl Benefit Society	3/21/97	DC-Pittsburgh, PA-DC	N	Y	N	None
Thrall Car Mfg & Chicago Bicycle Fed	4/11-13/97	DC-Chicago-DC	Y	Y	N	1
Airports Council Intl	6/19-23/97	DC-Paris, FR-DC	Y	Y	Y	None
Aspen Institute	8/18-23/97	DC-Dresden, GER-DC	Y	Y	Y	None
Airports Council Intl	9/26/97	DC-Detroit, MI-DC	Y	N	N	None
Delta Airlines	10/5-6/97	DC-New York, NY-DC	Y	Y	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Honorary Board Member	George Washington University Medical Center, Cancer Center Advisory Board
Board of Trustees (Position by federal statute)	John F. Kennedy Center for the Performing Arts
Board of Trustees (Position by federal statute)	Int'l Institute for Surface Transportation Policy Studies

RECEIVED

98 MAY 12 PM 4:12

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

5

2819

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

David R. Obey
(Full Name)

2462 Rayburn House Office Bldg.
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-3365

Filer Status	[X] Member of the U S House of Representatives	State WI District 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 5/12/98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Georgetown University Hospital	Spouse Salary (Medical Social Worker)	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Trust Co.	$15,001 - $50,000	(IRA)	NA	
SP	First Union National Bank	$1,001 - $15,000	(IRA)	NA	
	Wright-Patman Congressional Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
SP	U.S. Savings Bond Series EE	$1,001 - $15,000	(No Income Yet Derived)		
SP	U.S. Treasury Bill	$1,001 - $15,000	Interest	$201 - $1,000	P

2821

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	U.S. Treasury Bill	Purchase	2/6/97	$1,001 - $15,000

2822

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute (Conference on "Convergence of U.S. National Security & the Global Environment" The Aspen Inst. does no lobbying No congressional staff, lobbyists, or outside observers are permitted to attend. Funding is provided by a grant from the	Mar.31-Apr. 5	Wash., DC-Lanai, Hawaii-Wash., DC	Y	Y	Y	N
MacArthur Foundation for the purpose of enabling Members of Congress to pick the brains of scholars expert in important national and international problems.						

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CEN.
98 APR 23 AM 9:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC INSIDE MAIL (Office Use Only)

(7)

John W. Olver
(Full Name)

Box 28
(Mailing Address)

Amherst MA 01004

Daytime Telephone: 413/256-6643

Filer Status	[X] Member of the U.S. House of Representatives	State MA District 01	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: John W Olver

DATE (Month/Day/Year): 21 april 98

2824

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Amherst College, Amherst, M A	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20		BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples.* SP Mega Corp Stock 123 Main St, Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	AMCAP Fund, Inc.	$15,001 - $50,000	Dividends	$1,001 - $2,500	
JT	Carlyle Real Estate Limited Partnership	$1,001 - $15,000	Interest and Capital Gains	$201 - $1,000	
JT	Daily Cash Accumulation Fund	$1,001 - $15,000	Dividends	$1 - $200	
JT	Canada Southern Petro LTD	$1,001 - $15,000	No Income	None	
JT	Magellan Petroleum Corp.	$1,001 - $15,000	No Income	None	
JT	33 Myrtle St., Boston, MA 02108	$50,001 - $100,000	Rent	$5,001 - $15,000	
	120 acres-unimproved land, 117 Central St. Plainfield, MA	$50,001 - $100,000	No Income	None	

2826

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	27 acres-unimproved land Buffam Rd., Pelham, MA	$50,001 - $100,000	No Income	None	
JT	45 acres-unimproved land No. Valley Rd., Pelham, MA	$15,001 - $50,000	No Income	None	
JT	25 acres-unimproved land Beachlake, Berlin Township, PA	$50,001 - $100,000	No Income	None	
	Mass. State Employee Pension	$50,001 - $100,000	Pension	$15,001 - $50,000	
SP	Fleet Bank, 1 S.Pleasant St., Amherst, MA	$15,001 - $50,000	Interest	$1,001 - $2,500	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Fleet Bank (successor to Heritage Bank for Savings) One Monarch Pl. Springfield, MA 00114	Mortgage at: 33 Myrtle St. #2, Boston, MA	$15,001 - $50,000

2828

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Vice President	Americans for Democratic Action 1625 K Street NW, Washington, DC 20006

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
14 June 1991	Mass. State Employees Life Insurance Program	*Continuing benefits as a former state employee
14 June 1991	Mass. State Employee Retirement Program	Retirement effective: 20 November 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

98 MAY 15 PM 4:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(6)

MC
(Office Use Only)

Solomon P. Ortiz
(Full Name)

2136 Rayburn HOB
(Mailing Address)

Washington DC 20515
Daytime Telephone: 202-225-7742

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 27	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Solomon P. Ortiz

DATE (Month/Day/Year): May 14-98

Name Solomon P. Ortiz | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples.* SP Mega Corp Stock SP 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	1250 4th St., SW #511, Wash., DC	$15,001 - $50,000	Rent	$5,001 - $15,000	NA
JT	4601 Carmen #2104, 50% owner, Rancho Viejo, TX	$15,001 - $50,000	Rent	$5,001 - $15,000	NA
JT	Villa Del Sol Condo, 1011Ennis Joslin,#108 Corpus Christi, TX - 50% owner	$15,001 - $50,000	Rent	$5,001 - $15,000	NA
	Amtex Inc., Corpus Christi, TX	$15,001 - $50,000	Dividends	$5,001 - $15,000	NA
	Van Kempen American Capitol -IRA Pace Fund A	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
	Congressional Federal Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	NA

Name Solomon P. Ortiz | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Unimproved Lots, Robstown, TX	$1,001 - $15,000	Capital Gains	None	NA
	Nations Bank	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Principal Ivy Growth w/Income Fund CL B	$100,001 - $250,000	Dividends	$201 - $1,000	NA
JT	Principal Princor Emerging Growth Fund INC-CLA	$15,001 - $50,000	Dividends	$1 - $200	NA
JT	Principal Money Market Cash Management Fund Class A	$1,001 - $15,000	Interest	$1 - $200	NA
	First Trust PLM Equipment Growth Fund II	$1 - $1,000	Interest	$1 - $200	NA
	Cross Country Bank	$1,001 - $15,000	Interest	$1 - $200	NA
	Equitable Common Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
	Equitable Non Qualified IRA	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
	Equitable Qualified IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	Equitable Whole Life	$250,001 - $500,000	Interest	$2,501 - $5,000	P
DC	Equitable Whole Life	$100,001 - $250,000	Interest	$201 - $1,000	P
DC	Equitable Whole Life	$15,001 - $50,000	Interest	$201 - $1,000	P
	Norwest Bank, TX KEOH Money (Rollover)	$1,001 - $15,000	Interest	$1,001 - $2,500	E

Name Solomon P. Ortiz	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Alliance Mortgage, Charlotte, NC	Mortgage on 1250 4th St., SW	$15,001 - $50,000
JT	Mercantile Bank, Corpus Christi, Texas	Loan to Amtex Security - Transfered from Bank of Robstown to Mercantile	$15,001 - $50,000

Name Solomon P. Ortiz	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Center for International Studies	6/28/97-7/3/97	Wash., DC to Hong Kong to Singapore to DC	Y	Y	N	None
Amfels	7/3/97-7/5/97	Stop over	Y	Y	N	None

Name Solomon P. Ortiz	Page ____ of ____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	Amtex Security Inc. - Corpus Christi, TX
Board Member	Congressional Hispanic Caucus
Board Member	Overcoming Obstacles
Board Member	National Association of Latino Elected Official

98 MAY 13 PM 4:41

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Michael Garver Oxley
(Full Name)

2233 Rayburn H.O.B.
(Mailing Address)

(202)225-2676
Daytime Telephone

Washington, D.C. 20515

(Office Use Only) (9)

Filer Status	[X] Member of the U.S. House of Representatives	State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 15, 1998

2837

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Weichert Realtors	Spouse Commission	n/a

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1997	$500
Campbell-Crane & Associates, Washington, D.C.	Speech	Dec. 16, 1997	$ 1,000
The Trust Research Seminar, Ltd. Falls Church, VA	Speech	Sept. 24, 1997	1,000
The Washington Campus, Washington, D.C.	Speech	Feb. 23, 1997	500
The Brookings Institution, Washington, D.C.	Speech	May 20, 1997	400
Campbell-Crane & Associates, Washington, D.C.	Speech	Apr. 29, 1997	1,000

This page may be copied if more space is required.

Name OXLEY

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP Mega Corp Stock					X								X										X								P
		Simon & Schuster		Indefinite																	Royalties									X			
		1st Bank of Paducah, KY accounts						X									X									X							
		The Ohio Bank - Keogh				X											X						N/A										
		Wright Patman Fed. Credit			X												X								X								
		Bank One		X													X								X								
		Northwestern Mutual Life (IRA)					X								X								N/A										
		National Bank - VA			X												X								X								
		Northwestern Mutual Life				X											X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OXLEY

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	N/A																															

This page may be copied if more space is required.

2841

SCHEDULE IV — TRANSACTIONS

Name OXLEY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	N/A														

This page may be copied if more space is required.

2842

Name OXLEY

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Transatlantic Policy Network	Nov.19-23	Wash., D.C.-Paris-Wash., DC	Y	Y	Y	N
	Stentor Telecom. Policy, Inc.	Sept.14-15	Wash., D.C.-Toronto-Wash., DC	Y	Y	N	N
	Transatlantic Policy Network	Aug.16-26	London-Scotland-London	Y	Y	Y	3 days
	Ripon Educational Fund	Aug.9-16	Wash.,D.C.-Prague-Wash., DC	Y	Y	Y	N
	Nat. Assoc. of State Auditors	Feb.9-10	Wash., D.C.-Orlando-Wash., DC	Y	Y	Y	N
	Invest to Compete Alliance	July3-6	Wash.,D.C.-Chatham,MA-Wash, DC	Y	Y	Y	N
	Large Public Power Council	Feb.10-11	Orlando, FL-Jacksonville, FL	Y	N	N	N
	MCI Corporation	Apr.17-20	Wash.,D.C.-Hilton Head-Wash.DC	Y	Y	Y	N
	Comptel	Feb.16-18	Wash.,DC-Palm Springs-Wash.,DC	Y	Y	N	N
	Transatlantic Policy Network	Apr.4-6	Wash.,DC-W.VA-Wash.,D.C.	Y	Y	Y	N
	Keystone Center	Feb.27-Mar 3	Wash.,D.C.-Denver-Wash.,D.C.	Y	Y	Y	N
	CSX Corporation	May24-26	Wash.D.C.-W.VA-Wash., D.C.	Y	Y	Y	N
	Cong. Study Group on Germany	May.22-28	DCA-Berlin-Frankfort-DCA	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

MICHAEL G. OXLEY
4TH DISTRICT, OHIO

2233 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3504
(202) 225-2676

COMMITTEE ON COMMERCE

SUBCOMMITTEE ON FINANCE AND HAZARDOUS MATERIALS
CHAIRMAN

SUBCOMMITTEE ON TELECOMMUNICATIONS TRADE AND CONSUMER PROTECTION
VICE CHAIRMAN

INSIDE MAIL

RECEIVED
RESOURCE CENTER
98 JUN 10 PM 4:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

DISTRICT OFFICES:
3121 WEST ELM PLAZA
LIMA, OH 45805
(419) 999-6455

100 EAST MAIN CROSS
FINDLAY, OH 45840
(419) 423-3210

34 WEST THIRD STREET
ROOM 314
MANSFIELD, OH 44902
(419) 522-5757

TOLL-FREE IN OHIO:
1-800-472-4154

Congress of the United States
House of Representatives
Washington, DC 20515–3504

June 4, 1998

1

MC

RECEIVED
98 JUN -5 AM 10:35
COMMITTEE ON STANDARDS

Chairman James V. Hansen
House Committee on Standards of Official Conduct
HT-2 Capitol
Washington, D.C. 20515

Dear Chairman Hansen:

I find it necessary to amend my 1997 Financial Disclosure Statement to reflect on Schedule III the second entry for Northwestern Mutual Life to be entered on Schedule IV as a new asset.

Also, on Schedule VII, the entry for the Congressional Study Group date posted should have been Mar.22-28.

Thank you for your attention to this matter of importance.

Yours truly,

Michael G. Oxley, M.C.
Fourth Ohio District

RECEIVED

98 MAY 15 PM 3:28

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

5

2847

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Ronald C. Packard
(Full Name)

2372 Rayburn House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone: 202 225 3906

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 48	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	[ ]	[X]
EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Ronald C Packard

DATE (Month/Day/Year) 5-15-98

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	1st National Bank of North County (stock)	$15.001 - $50.000	Capitol Loss	None	S
JT	Coin Collection	$1.001 - $15.000	Capital Gains	None	NA
JT	Investment Diamonds	$15.001 - $50.000	Capital Gains	None	NA
	Charles Schwab IRA Self Directed (transfered from Dean Witter IRA 4/1/97)	$15.001 - $50.000	Capital Gains	None	NA
	Schwab IRA Money Market	$1.001 - $15.000	Capital Gains	$1.001 - $2.500	P
	Appel Orthodontics (stock) Schwab IRA above	$1.001 - $15.000	Capital Gains	$2.501 - $5.000	P
	Black & Decker (stock) Schwab IRA above	$1.001 - $15.000	Capital Gains	$5.001 - $15.000	S

2848

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Bix Energy (stock) Schwab IRA above	$1.001 - $15.000	Capital Gains	$2.501 - $5.000	S
	XICOR (stock) Schwab IRA above	$1.001 - $15.000	Capital Gains	$2.501 - $5.000	S
	Apple Orthodontics (stock) Schwab IRA above	$1.001 - $15.000	Capital Gains	$2.501 - $5.000	P
	Apple Orthodontics (stock) not in IRA	$15.001 - $50.000	Capital Gains	$15.001 - $50.000	P
SP	Charles Schwab IRA Self Directed (transfered from Dean Witter 4-1-97)	$1.001 - $15.000	Capital Gains	$5.001 - $15.000	NA
SP	XICOR (stock) in spouse Schwab IRA	$1.001 - $15.000	Capital Gains	$5.001 - $15.000	P
	XICOR (stock) not in IRA	$1.001 - $15.000	Capital Gains	$5.001 - $15.000	S
JT	First Eagle Fund of America not in IRA	$1.001 - $15.000	Capital Gains	$2.501 - $5.000	P
	British Steel (stock) not in IRA	$1.001 - $15.000	Capital Gains	$2.501 - $5.000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Schwab Money Market Fund	Purchase	4-2-97	$1,001 - $15,000
	Apple Orthodonics	Purchase	7-24-97	$1,001 - $15,000
	Apple Orthodontics	Purchase	7-31-97	$1,001 - $15,000
JT	Apple Orthodontics	Purchase	8-6-97	$15,001 - $50,000
JT	First Eagle Fund of America	Purchase	8-20-97	$1,001 - $15,000
	Bristish Steel	Purchase	9-20-97	$1,001 - $15,000
	Black & Decker	Sold	7-24-97	$1,001 - $15,000
	Box Energy	Sold	7-24-97	$1,001 - $15,000
	XICOR	Sold	7-28-97	$1,001 - $15,000
JT	First National Bank of North County (sold for capitol loss of $77,000)	Sold	8-1-97	$50,001 - $100,000
SP	XICOR	Purchase	1-15-97	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute	3-7-97 to 3-9-97	Washington DC to Hershey PA to Washington DC	Y	Y	Y	No
Center for Strategic and International Studies	6-27-97 to 7-3-97	Washington DC to Hong Kong to Los Angeles	Y	Y	Y	No
Transatlantic Policy Network	4-4-97 to 4-6-97	Arlington, VA to White Sulfur Springs, WV to Arlington, VA	Y	Y	Y	No

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

98 MAY 15 PM 1:58
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(6)

HAND DELIVERED

MC (Office Use Only)

FRANK J. PALLONE, JR.
(Full Name)

1187 OCEAN AVE
(Mailing Address)

LONG BRANCH, N.J. 07740

Daytime Telephone 202-225-4671

Filer Status	[X] Member of the U.S. House of Representatives	State District N.J. 6TH	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank Pallone Jr.

DATE (Month/Day/Year): 5/14/98

2852

Name FRANK J PALLONE JR | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP	Mega Corp Stock	J: $25,000,001 – $50,000,000	DIVIDENDS	IV: $1,001 – $2,500	P
DC	Simon & Schuster	Indefinite	Royalties	X: $50,001 – $100,000	
JT	1st Bank of Paducah, KY accounts	F: $100,001 – $250,000	INTEREST	VI: $5,001 – $15,000	
	Congressional FCU - Accounts	B: $1 – $1,000	INTEREST	II: $1 – $200	
	First Union Bank Long Branch N.J. Accounts	B: $1 – $1,000	INTEREST	II: $1 – $200	
SP	General Electric Co Exec Pension Accounts	C: $15,001 – $50,000	PENSION	IV: $1,001 – $2,500	
DC	Crestar Bank - Washington DC	C: $1,001 – $15,000		I: None	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FRANK J PALLONE JR

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	NATIONAL FINANCIAL SERVICES CRESTAR SECURITIES CORP RICHMOND VA																															
	- EATON VANCE MARATHON NATIONAL				X									X		X								X								P
	- MFS OTC CLASS B				X									X									X									
	- MFS TOTAL RETURN CLASS B YTDR				X									X			X							X								P
	- US TREAS - CPN			X												X						X										
	- QUANTUM CORP NFSC			X										X							X											P
DC	NATIONAL FINANCIAL SERVICES CRESTAR SECURITIES CORP RICHMOND VA																															
	- CREDIT FUNDS INC CASH RESERVES		X											X								X										
	- GENERAL ELECTRIC CO NFSC				X									X								X										P
	- MFS RESEARCH CLASS A					X								X			X							X								P
	MFS EMERGING GROWTH CLASS B				X									X									X									
SP	NATIONAL FINANCIAL SERVICES CRESTAR SECURITIES CORP RICHMOND VA																															
	SEP / IRA ACCOUNTS					X								X		X	X					NA-IRA										
SP	FIRST NAT BANK OF MD - IRA ACCOUNTS		X													X						NA-ICA										
JT	NATIONAL FINANCIAL SERVICES CRESTAR SECURITIES CORP																															
	- MONEY MARKET ACCOUNT	X		X										X							X											
SP	FIRST UNION BANK LONG BRANCH NJ ACCOUNTS		X																		X											
SP	FIRST UNION BANK WALTHAM MA ACCOUNTS		X																		X											

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name FRANK J PALLONE JR.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
JT	QUANTUM Corp NFCS - Common Stock	X			7-16-97	X									
JT	MFS Total Return Class B - Common Stock	X			12-9-97	X									
JT	Eton Vance Marathon National - Common Stock	X			VARIOUS	X									
DC	General Electric Co - Common Stock	X			7-16-97		X								
DC	MFS Research Class A Funwest - Common Stock	X			12-26-97	X									

This page may be copied if more space is required.

2855

Name FRANK J PALLONE JR | Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Armenian Assembly of America	1-24-97 To 1-30-97	NYC — Republic of Armenia & Nagorno Karabagh - NYC.	Y	Y	Y	N
	Confederation of Indian Industry and the Center for Strategic & International Studies	2-14-97 To 2-22-97	Wash, DC - Republic of India - Wash, DC	Y	Y	N	N
	Aspen Institute	3-7-97 to 3-9-97	Wash, DC - Hershey, PA - Wash, DC	Y	Y	Y	N

This page may be copied if more space is required.

2856

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary Member of Board	Rainbow Foundation
Honorary Member of Board	Rannney School Tinton Falls, NJ
Member of Board	Zimmerli Museum Rutgers University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

2858

98 MAY 14 PM 12:07
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only)
(9)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Michael J. Pappas
(Full Name)
130 Washington St., P.O. Box 70
(Mailing Address)
Rocky Hill, NJ 08553
Daytime Telephone: 202-225-5801

Filer Status	☑ Member of the U.S. House of Representatives — State: NJ District: 12	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Do you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael J. Pappas

DATE (Month/Day/Year): 05/13/98

Name	Page 1 of 8
Michael J. Pappas	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

2859

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500

This page may be copied if more space is required.

Name Michael James Paggas | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: P, S, E
SP	Mega Corp Stock	X	DIVIDENDS: X		P
DC	*Examples:* Simon & Schuster	Indefinite	Other Type of Income: Royalties	X	
JT	1st Bank of Paducah KY accounts	F	INTEREST: X	VI	
	NJ Public Employees Retirement System	C			
	Phoenix Home Life (IRA)	C	INTEREST: X	III	
	Paggas Insurance Agency (shares)	F		I	
	Tel-Max (shares)	B	DIVIDENDS: X	II	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael James Pappas

Page 4 of 8

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

This page may be copied if more space is required.

2862

Name Michael James Pappas | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

2864

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
United Jewish Fed of Northwest, Greater Somerset Federation, Princeton/Mercer/Bucks County Federation, Monmouth County Federation, Greater Middlesex Federation	May 26 Jonel	New York - Israel - New York	Y	Y	N	N
American Hellenic Institute & Cyprus Federation of America	Aug. 28-30	New York - Greece - Cyprus - Greece - New York	Y	Y	N	N
Heritage Foundation/Empower America	Jan 9-11	DC - Chantilly, VA - DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

(ORIGINAL)

98 MAY 14 AM 11:53

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED

(10)

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Paul Michael "Mike" Parker
(Full Name)

2445 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5865

Filer Status	[X] Member of the U.S House of Representatives	State: MS District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 11, 1998

2867

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13

	Source	Type	Amount
Examples:	Keehe State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Welch Resources, Inc.	Spouse Salary	$3,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT The Mississippi Hush Puppy Company-50 Creekview Lane S. E.-Brookhaven, MS. 39601	$50.001 - $100.000	Dividends	None	
IRA, USAA Investment, San Antonio, Texas	$15.001 - $50.000	Capital Gains and Dividends	None	
SP IRA, USAA Investment, San Antonio, Texas	$15.001 - $50.000	Capital Gains and Dividends	None	
JT Liberty Corporation-Greenville, South Carolina	$1 - $1.000	Capital Gains	$1 - $200	
CMA Money Fund - Merrill Lynch	$1 - $1.000	Interest	$1 - $200	
SP CMA Money Fund - Merrill Lynch	$1 - $1.000	Interest	$1 - $200	

2869

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	AIM - Equity Funds - Constellation Funds	$15.001 - $50.000	Dividends	$2.501 - $5.000	
SP	Delaware Group Delcap Fund - Concept 1 Series	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	Franklin Federal Tax Free Inc. Fund	$15.001 - $50.000	Capital Gains and Dividends	None	S
SP	Franklin Federal Tax Free Inc. Fund	$1.001 - $15.000	Capital Gains and Dividends	None	S
	MFS Municipal Income Fund - Class B	$15.001 - $50.000	Capital Gains and Dividends	None	S
SP	MFS Municipal Income Fund - Class B	$15.001 - $50.000	Capital Gains and Dividends	None	S
	Santa Fe Pacific Gold	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
SP	Santa Fe Pacific Gold	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
	Oppenheimer Discovery F SBI	$15.001 - $50.000	Capital Gains and Dividends	$201 - $1.000	
JT	Gabelli Small Cap Growth Fund	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
JT	Neuberger and Berman Genesis Fund	$15.001 - $50.000	Capital Gains and Dividends	$1 - $200	
JT	Berger Funds - 100 Fund	$1.001 - $15.000	Capital Gains and Dividends	$1.001 - $2.500	
JT	Berger Growth and Income Fund	$1.001 - $15.000	Capital Gains and Dividends	$1.001 - $2.500	
JT	Berger Funds - Small Growth Fund	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
JT	USAA Income Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	
JT	USAA Aggressive Growth Fund	$1.001 - $15.000	Capital Gains and Dividends	$1.001 - $2.500	
JT	USAA Income Stock Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	
JT	USAA Tax Exempt Fund	$1.001 - $15.000	Dividends	$201 - $1.000	
JT	U. S. Treasury Bonds	$1.001 - $15.000	Interest	$201 - $1.000	
JT	Janus Fund	$1.001 - $15.000	Capital Gains and Dividends	$1.001 - $2.500	
SP	Janus Mercury Fund	$1.001 - $15.000	Capital Gains and Dividends	$2.501 - $5.000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Janus Mercury Fund	$1.001 - $15.000	Capital Gains and Dividends	$2.501 - $5.000	
SP	Parker Funeral Home, Inc.	None	Collected Bad Debts	$201 - $1.000	
JT	GFG Farms, Inc.	$250.001 - $500.000	Capital Gains and Dividends	$1 - $200	
JT	M & R Services, Inc.	$50.001 - $100.000	Capital Gains and Dividends	None	
	U. S. One	$50.001 - $100.000	Capital Gains and Dividends	None	
SP	U. S. One	$50.001 - $100.000	Capital Gains and Dividends	None	
SP	Hominy Ridge, Inc. Franklin County, Mississippi	$250.001 - $500.000	Capital Gains and Dividends	$50.001 - $100.000	
JT	The Mississippi Hush Puppy Company	$15.001 - $50.000	Capital Gains and Dividends	$1 - $200	
JT	Welch Resources, Inc.	$250.001 - $500.000	Capital Gains and Dividends	$5.001 - $15.000	Incorporated October 1997
SP	Neuberger and Berman Guardian Fund	$1.001 - $15.000	Capital Gains and Dividends	$1.001 - $2.500	
JT	Neuberger and Berman Guardian Fund	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
	Neuberger and Berman Guardian Fund	$1.001 - $15.000	Capital Gains and Dividends	$1.001 - $2.500	
SP	EV Marathon Greater China Growth Fund	$1.001 - $15.000	Capital Gains and Dividends	None	S
SP	Merrill Lynch International Equity Fund Class B	$1.001 - $15.000	Capital Gains and Dividends	None	S
SP	Merrill Lynch Dragon Fund Inc. Class B	$1.001 - $15.000	Capital Gains and Dividends	None	
SP	Burlington Northern Santa Fe	$1.001 - $15.000	Capital Gains	$1 - $200	
SP	Seligman Communications CLD	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
SP	Merrill Lynch Conn. Municipal BD Fund CLB	$50.001 - $100.000	Capital Gains and Dividends	$2.501 - $5.000	S
SP	Keystone Tax Exempt TR	$50.001 - $100.000	Interest	$201 - $1.000	S
	EV Marathon Greater China Growth Fund	$1.001 - $15.000	Capital Gains and Dividends	None	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Merrill Lynch Dragon Fund Inc. Class B	$1.001 - $15.000	Capital Gains and Dividends	None	
Merrill Lynch International Equity Fund CLB	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	S
Keystone Tax Exempt TR	$50.001 - $100.000	Interest	$201 - $1.000	S
Merrill Lynch Conn. Municipal BD Fund CLB	$50.001 - $100.000	Capital Gains and Dividends	$2.501 - $5.000	S
Seligman Communications CLD	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
Burlington Northern Santa Fe	$1.001 - $15.000	Capital Gains	$1 - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	EV Marathon Greater China Growth Fund	Sold	04/09/97	$1.001 - $15.000
SP	Merrill Lynch International Equity Fund Class B	Sold	04/09/97	$1.001 - $15.000
	EV Marathon Greater China Growth Fund	Sold	04/09/97	$1.001 - $15.000
	Merrill Lynch International Equity Fund CLB	Sold	02/19/97	$15.001 - $50.000
	Merrill Lynch International Equity Fund CLB	Sold	04/09/97	$1.001 - $15.000
SP	Keystone Tax Exempt TR	Sold	02/19/97	$50.001 - $100.000
	Keystone Tax Exempt TR	Sold	02/19/97	$50.001 - $100.000
SP	Merrill Lynch Conn. Municipal BD Fund CLB	Sold	02/19/97	$50.001 - $100.000
	Merrill Lynch Conn. Municipal BD Fund CLB	Sold	02/19/97	$50.001 - $100.000
SP	Franklin Federal Tax Free Inc. Fund	Sold	02/19/97	$1.001 - $15.000
	Franklin Federal Tax Free Inc. Fund	Sold	02/19/97	$15.001 - $50.000
SP	MFS Municipal Income Fund - Class B	Sold	02/19/97	$15.001 - $50.000
	MFS Municipal Income Fund - Class B	Sold	02/19/97	$15.001 - $50.000
JT	Welch Resources, Incorporated	Purchase	10/02/97	$250.001 - $500.000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
SP	Merrill Lynch CMA Account-111 Capitol Building Ground Floor Jackson, Mississippi 39201	Personal Note on assets in CMA Account with Merrill Lynch	$50,001 - $100,000
	Merrill Lynch CMA 111 Capitol Building Ground Floor Jackson, Mississippi 39201	Personal Note on assets in CMA Account	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	New York University - Hospitality Investment Conference - New York City, New York	June 1, 1997 to June 3, 1997	Washington, D.C. to New York to Washington, D.C.	Y	N	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	GFG Farms, Inc. 50 Creekview Lane S.E. Brookhaven, Mississippi 39601
President	M and R Services, Inc. 50 Creekview Lane S.E. Brookhaven, Mississippi 39601
President	The Mississippi Hush Puppy Company 50 Creekview Lane S.E. Brookhaven, Mississippi 39601
Vice President	Welch Resources, Inc. 50 Creekview Lane S. E. Brookhaven, Mississippi 39601

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 15 AM 11:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 12 1998
(Office Use Only)

(6)

William James Pascrell, Jr. (Full Name)

441 Ninth Avenue (Mailing Address)

Paterson, New Jersey 07514

973-523-5150 Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: New Jersey District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William J. Pascrell Jr.

DATE (Month/Day/Year): 5/9/98

2877

Name William James Pascrell Jr | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	City of Paterson (H)	Mayor	2,755
	U.S House of Representatives (H)	Congressman	120,240
	Your Staff Inc (H)	Office Work	23,785

For payments to charity in lieu of honoraria, use Schedule II.

2878

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B														BLOCK C							BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP					X								X										X										
DC				Indefinite																	Royalties								X						P
JT								X									X									X									
JT	NJ Division of Pensions																				Pension							X							
JT	Longfun County School Distr.				X												X						X												
JT	County of Essex					X											X							X											
JT	City of Perth Amboy				X												✓						X												
JT	Abbott, Inc			X													X						X												
JT	Evergreen Money Fund				X												X						X												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William James Pascrell

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Ryan Bank				X											X							X									
JT	First Union Bank					X										X								X								
JT	Chase Manhattan Bank						X									X									X							
JT	Dime Savings Bank				X											X								X								
JT	Reliance Bank						X									X										X						
JT	US Series E Bonds					X										X									X							
JT	US Series EE Bonds			X												X						X										
JT	Fidelity - I Investments (IRA)						X									X																
JT	First Union (IRA)			X												X																
JT	Putnam Trustee				X											X							X									
JT	Franklin - Universal Annuity					X										X																
JT	Hudson United Bank (IRA)				X											X																
JT	Putnam (401K)			X												X																
JT	Value (Deferred Compensation)						X									X																

This page may be copied if more space is required.

2880

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		N/A										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
Metro West Parsippany, NJ	Trip To Israel	3,100

Use additional sheets if more space is required.

Name William James Pascrell	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	St Joseph's Hospital
Board Member	Barnert Memorial Hospital
Board Member	City of Paterson Boys & Girls Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1998 46-260 (mac)

Use additional sheets if more space is required.

2882

98 MAY 12 AM 10:52

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED (8)

MC (Office Use Only)

2883

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Edward L. Pastor
(Full Name)

1151 West Thomas Road
(Mailing Address)

Phoenix AZ 85013

Daytime Telephone: 202-225-4065

Filer Status	[X] Member of the U.S. House of Representatives	State: AZ District: 02	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[ ]	No	[X]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[X]	No	[ ]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Edward L Pastor

DATE (Month/Day/Year) 5-12-98

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Arizona State Retirement System	Spouse pension	$27,814.44
	WESTED, Inc.	Spouse Salary	$65,016.88
	WESTED, Inc.	Spouse stipend	$1,000.00
	US House of Representatives	Salary	$133,599.96

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT Residential lot, Guadalupe, AZ	$1,001 - $15,000	None realized	None	NA
SP Bank One Checking account	$1,001 - $15,000	Interest	$1 - $200	NA
SP AZ State Savings & Credit Union (IRA)	$1,001 - $15,000	Interest	NA	NA
Bank One (IRA), Phx, AZ	$1,001 - $15,000	Interest	NA	NA
SP AZ State Retirement Pension Fund	$50,001 - $100,000	Interest	NA	NA
AZ State Retirement Pension Fund	$15,001 - $50,000	Interest	NA	NA
JT Central Life Insurance, Phx, AZ	$1,001 - $15,000	Dividends	$1 - $200	NA
SP AZ State Savings & Credit Union Savings	$1,001 - $15,000	Interest	$201 - $1,000	NA

2885

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Thrift Savings Plan, Washington, DC	$100,001 -.$250,000	Int, div, gains, employee/r contributions	NA	NA
	Congressional Federal CU, Washington, DC	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	PEBSCO Deferred Comp Plan	$15,001 - $50,000	Interest, dividends	NA	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Residence at 1015 W Campbell, Phx, AZ	Purchase	Dec 15, 1997	$50,001 - $100,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Bank of America, Phx, AZ	Mortgage on 1151 W Thomas, Phx, AZ	$15,001 - $50,000
JT	Bank One, Phx, AZ	2nd Mortgage on 1151 W Thomas Rd, Phoenix, AZ	$10,001 - $15,000
	Norwest Mortgage, Palatine, IL	Mortgage on 649 C Street, #304, Washington, DC	$50,001 - $100,000
JT	Bank One Mortgage, Phx, AZ	Mortgage on 1015 W Campbell, Phx, AZ	$50,001 - $100,000

2888

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Nat'l Association of Latino Elected Officials	June 20-21	Washington DC - Miami, Fl - DC	Y	Y	N	None
	Nat'l Council of La Raza	July 19-21	Wash DC - Chicago - DC	Y	Y	Y	None
	Hispanic Assn of Colleges & Universities	Oct 25-26	Wash DC - San Antonio - DC	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member	Congressional Hispanic Caucus, Washington, D.C.
Member	Congressional Hispanic Caucus Institute, Wash., D.C.
Boardmember	National Assoc of Latino Elected Officials, Wash.,D.C.
Boardmember	Neighborhood Housing Services of America, Oakland, CA
Boardmember	Phoenix Memorial Hospital Primary Care Bd., Phx, AZ

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
98 MAY 18 PM 1:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 12 1998

(Office Use Only)

Ronald E. Paul
(Full Name)

2422 Bluewater Highway
(Mailing Address)

Surfside, TX 77541

Daytime Telephone: (409) 265-3034

Filer Status: [X] Member of the U.S. House of Representatives — State: TX Distinct: 14 [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ron Paul

DATE (Month/Day/Year): 5-12-98

2891

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP, DC, JT	*Examples* SP Mega Corp. Stock						X							X										X								P
	SP Simon & Schuster			Indefinite																Royalties									X			
	SP 1st Bank of Paducah, KY accounts						X									X										X						
	56 Flag Lake Plaza Lake Jackson, TX						X								X						X											
	C&R Shrimp Co., Inc. Lake Jackson, TX						X													Sub S Corp						X						
	Swim-Ten, Inc.-Lake Jackson, TX-Recreational business						X													Sub S Corp	X											
	58 Flag Lake Plaza, LJ, TX held by CARR, Ltd					X														Partner-ship Inc						X						
	40 acres farmland, Hwy 332 LJ, TX held by Carona Ltd						X													Partner-ship Inc	X											
	Ron Paul & Assoc., Inc. LJ, TX-Newsletter Pub.						X							X								X										-

For additional assets and unearned income, use next page.

2892

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	504 W Hwy 332, Lake Jackson TX	X													X						X											S
	Condominium, 5300 Holmes Run Pkwy, Alexandria, VA						X																									
	Acreage - 9 B.T. Archer, Lots 70-72, 1-4, 30-33, 49, Oyster Creek, TX					X																										
	Townhouse - 1856 Veranda Drive, West Columbia, TX					X									X											X						
	Coins - Semi-numismatic						X																									
	First National Bank of Lake Jackson Defined Benefit Cash Account					X										X								X								
	Rydex-Ursa Mutual Fund 6116 Exec Blvd #400 Rockville, MD				X									X							X											P
	Pegasus Gold Inc. Common Stk			X										X							X											
	Amax Gold Inc. Common Stk			X										X							X											
	Freeport McMoran Copper & Gold Inc. Step-up conv. preferred shares				X									X										X								
	Minorco Common Stock				X									X							X											

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Sunshine Mining & Refining Co. Common Stock			X										X							X											
	Dundee Bancorp Inc. Class A Common Stock			X										X							X											
	Vista Gold Corp. Common Stock			X										X							X											
	Royal Oak Mines Common Stk			X										X							X											
	Newmont Corp. Common Stk (Formerly Pacific Gold)			X										X									X									
	Goldcorp Inc. Class A Common Stock				X									X							X											
	TVX Gold Inc. Common Stk				X									X							X											
	WMC Limited Common Stk			X										X									X									
	Agnico Eagle Mines Ltd. Common Stock				X									X							X											
	Echo Bay Mines Ltd. Common Stock				X									X								X										
	Battle Mountain Gold Co. Common Stock				X									X							X											
	Battle Mountain Gold Co. Common Stock (formerly Hecla Mining Co.)			X										X							X											
	Homestake Mining Co. Common Stock				X									X									X									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald E. Paul

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Placer Dome Inc. Common Stk				X									X								X										
	Barrick Gold Corp. Common Stock						X							X								X										
	Glamis Gold Ltd. Common Stk			X										X							X											
	Battle Mountain Gold Co. Common Stock			X										X							X											
	Oppenheimer Real Asset Mutual Fund, PO Box 5270 Denver, CO			X										X							X											P
	First National Bank of Lake Jackson, TX Savings Account				X											X							X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Ronald E. Paul

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-97		X								
	Oppenheimer Real Asset Mutual Fund	X			1-3-97	X									
	Rydex-Ursa Mutual Fund (Addition)	X			5-26-97		X								
	504 W Hwy 332, Lake Jackson, TX		X		1-1-97			X (See Schedule A)							

This page may be copied if more space is required.

2896

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Countrywide Funding Corp.	Mortgage 504 W Hwy 332, LJ			X	(See Schedule A)						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Foundation for Economic Education	May 18-19	Houston-Tarreytown-Wash. DC	Y	Y	N	N
Ludwig Von Mises	Sept 26-27	Wash DC-Atlanta-Houston	Y	Y	N	N
John Birch Society	Oct 2-3	Houston-San Antonio-Houston	Y	Y	N	N
American Life League	Oct 10-11	Houston-Tampa-Houston	Y	Y	N	N
American Society of Dermatology	Oct 18-19	Houston-San Francisco-Houston	Y	Y	N	N

This page may be copied if more space is required.

2898

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Ronald E. Paul, M.D. Association
President	Ron Paul & Associates, Inc.
President	C & R Shrimp Co., Inc.
President	Swim-Ten, Inc.
Partner	Carona Limited
Partner	CARR, Ltd.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary Chairman	Foundation for Rational Economics and Education, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

2900

United States House of Representatives
Financial Disclosure Statement for the Calendar Year 1997

Ronald E. Paul
2422 Bluewater Highway
Surfside, TX 77541

House Member - Texas District 14

Supplementary Schedule A

1. The property listed at 504 Highway 332 in Lake Jackson, Texas on Schedule III, the corresponding liability on Schedule V and the corresponding sale on Schedule VI was a house owned by Congressman Paul that he has rented to his daughter in the past. As of January 1997 the house was sold to his daughter and the related mortgage was turned over to her.

2. Condominium at 5300 Holmes Run Parkway, Alexandria, VA listed on Schedule III was formerly rental property and is now Congressman Paul's Washington, DC residence. Therefore, no rental income for the year 1997.

3. Property at 56 Flag Lake Plaza, Lake Jackson, Texas is currently up for lease or sale. No 1997 rental income.

RECEIVED
DISCLOSURE CENTER
98 MAY 14 PM 4:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only) (3)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

L. William Paxon
(Full Name)

511 Woodland Terrace
(Mailing Address)

Alexandria VA 22302

Daytime Telephone: 202/225-5265

Filer Status [X] Member of the U S House of Representatives — State NY District: 27 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) 5-14-98

2902

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Global Business Research	Spouse Speech	$12,000.00
	Hearst Corporation	Spouse Article	$3,000.00
	CBS Inc.	Spouse Salary	NA
	Dallas Chamber of Commerce	Spouse Speech	$15,000.00
	Home Box Office	Spouse Speech	$2,000.00
	The Harry Walker Agency	Spouse Salary	NA
	International Council of Shopping Centers	Spouse Speech	$20,000.00
	Doubleday Publishing	Writers Fee	NA
	The Jackson Chamber of Commerce	Spouse Speech	$15,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20		BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, *Examples:* JT	SP	Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT		Wright Patman Congressional Federal Credit Union	$100,001 - $250,000	Interest	$201 - $1,000	NA

2904

98 MAY 18 PM 5:51

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

Form A
For use by Members, officers, and employees

Donald Milford Payne
(Full Name)

21 Bock Avenue
(Mailing Address)

Newark NJ 07112

Daytime Telephone: 202-225-3436

HAND DELIVERED
(Office Use Only)

(6)

Filer Status	[X] Member of the U.S. House of Representatives	State: NJ District: 10	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Donald M. Payne

DATE (Month/Day/Year) 5/18/98

2905

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20				
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	First Union Bancorp Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	19 Bock Ave., Newark, NJ	$100,001 - $250,000	Rent	$15,001 - $50,000	
	Merck & Co. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
	Copeland Companies Pension Plan	$50,001 - $100,000	NA	None	
	Smith Barney Shearson IRA	$100,001 - $250,000	NA	None	

2906

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Conrail stock	Sold	5-27-97	$100,001 - $250,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	First Union Bank, Newark, NJ	Mortgage on 19 Bock Ave.	$50,001 - $100,000

29008

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-28.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute conference on "US Relations with Russia"	Aug. 17-23	Newark-Dresden, Germany-Newark	Y	Y	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Advisory Council	U.S. Committee for UNICEF
Board of Trustees	Newark Boys' and Girls' Clubs
Board of Directors	Newark Day Center
Board of Directors	Newark YMWCA
Board of Directors	Congressional Award Foundatiom
Board of Directors	Congressional Black Caucus Foundation
Board of Directors	Newark Fighting Back Initiatives
Board of Directors	National Endownient for Democracy

RECEIVED

98 MAY 15 AM 9:37

FILE FOR THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only) 5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Edward Allan Pease
(Full Name)

226 Cannon House Office Building
(Mailing Address)

202-225-5805
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Indiana District: 7	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-98

2911

Name Edward Allan Pease

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp Stock	E: X	DIVIDENDS: X	IV: X	P
	Examples: DC Simon & Schuster	C: Indefinite	Other Type of Income: Royalties	IX: X	
	Examples: JT 1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VI: X	
	Teachers Insurance and Annuity Association/ College Retirement Equities Fund	F: X		I: NA	
	Massachusetts Mutual Life Insurance Company	F: X		I: NA	

For additional assets and unearned income, use next page.

Name Edward Allan Pease

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	March 7-9	DC - Hershey, PA - DC	Y	Y	N	N

This page may be copied if more space is required.

Attention: OFFICE MANAGERS

REMINDER!

Members who participated in the Bipartisan Retreat at Hershey, Pennsylvania, are reminded to include travel payments on Schedule VII
(Travel Payments and Reimbursements) of their 1997 Financial Disclosure
Report.

At the conclusion of the Bipartisan Retreat in March, 1997, Members received a letter from the Congressional Institute advising them of the requirement to include expenses from the Bipartisan Retreat at Hershey,
Pennsylvania, on their financial disclosure. Information included follows:

Source:	Aspen Institute
Dates:	March 7-9, 1997
Itinerary:	Wash. DC -- Hershey, PA -- Wash. DC
Travel:	By train - $106 per person
Meals/Room	$234 per adult

If you have any questions, please call either Diane Liesman or Joan Mitchell in Congressman LaHood's office -- 225-6201.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member of the Board	Wabash Valley Council, Boy Scouts of America
Member	National Advisory Council, Boy Scouts of America
Director	Historic Landmarks Foundation of Indiana
Director	Visiting Nurses Association
Director	National Interfraternity Conference and NIC Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	TIAA/CREF (see Schedule III)	retirement annuity
	State of Indiana Public Employees Retirement Fund	pension

GPO 1998 46-250 (mac)

Use additional sheets if more space is required.

98 MAY 15 PM 1:08

HAND DELIVERED

MC

(15)

(Office Use Only)

2016

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1997

FORM A
For use by Members, officers, and employees

Nancy Pelosi
(Full Name)

One Bush Street
San Francisco, CA 94104
(Mailing Address)

(415) 788-8600
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 8th	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Nancy Pelosi

DATE (Month/Day/Year): May 14, 1998

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Nancy Pelosi	None	
Spouse:		
Financial Leasing Services, Inc.	Salary	N/A
Isolep Enterprises, Inc.	Management Fee	N/A
Potomac Investments Associates	Management Fee	N/A
Yerac Associates (Carey Associates)	Management Fee	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
XYZ Magazine	Article	Aug. 13, 1997	$500
None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset												Type of Income							Amount of Income											Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X							P
			Simon & Schuster	Indefinite																	Royalties									X		
			1st Bank of Paducah, KY accounts					X									X									X						
SP	ACT Networks Common Stock					X																										
SP	Advanced Fibre Communications Common Stock						X																									P
SP	Ashlar, Inc. Sunnyvale, CA Common Stock						X																									
SP	Auberge de Soleil, Rutherford, CA Common Stock										X				X	X											X					
	Owns resort hotel																															
SP	Bank of America, San Francisco, CA				X												X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
SP	Beringer Wine Estates Common Stock	C			P
SP	Borel Estate Company owns shopping center	F	DIVIDENDS X, RENT X	VIII	
JT	B.F. Enterprises Public Common Stock	D			
SP	Cannondale Corp. Public common stock	D			
SP	Carey (Yerac) Assoc., L.P. San Francisco, CA Limoaine business	I	DIVIDENDS X, INTEREST X	IX	
SP	Carey International, Inc. Common stock	H		VIII	E
SP	Castelle Inc., Santa Clara, CA common and preferred stock	D			
SP	Chalone, Inc. Public Common Stk.	D	DIVIDENDS X	II	
SP	Computrad, Inc., Common stock	B			
JT	Congressional Credit Union Washington, DC	D	INTEREST X	III	
SP	EDI Associates, Mill Valley, CA Hotel Investment	G	DIVIDENDS X, RENT X	VIII	
SP	Entertainment Express, SSF, CA Operates cable TV Services	F			
SP	Fiberstar, Inc. Public Common Stk	C			
SP	Financial Leasing Services, SF, CA Investment Company	H			
SP	Force Energy Common Stock	C			E

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP	Forty-Five Belden Corp. SF, CA									X				X															X			
	Investment Company																															
SP	Fritz Companies, Inc. Common Stk				X																											
SP	Fusion Medical Tech. Inc.				X																											
	Common Stock																															
SP	Grantline 208, LP., Sacramento, CA								X												X											E
	208 acres of raw land																															
SP	Getty Communications PLC				X																											
	common stock																															
SP	Hambrecht & Quist Group						X										X										X					P, S
	common stock																															
SP	McGrath Rentcorp Public Common Stk.									X				X												X						
SP	Mercury Interactive Common Stk.				X																											P
SP	Microtest, Inc. Public Common Stk.			X																												
SP	Mosher Partners LP, Sacramento, CA								X																							P
	Real estate partnership																															
SP	NationsBank, Washington, DC				X											X							X									
	Savings account																															
SP	Nautilus Leasing Services					X																										
	Container leasing company																															
SP	Netscape Communications, Corp.				X																											
	Public common stock																															

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Nine Hundred One Battery Street					X									X											X						
	S.F., CA Real Estate Partnership																															
SP	Odwalla, Inc. Public Common Stk.					X																										
SP	Pegasus Common stock			X																												P
SP	PIA-A Avenel, Potomac, MD							X							X	X													X			
	Real estate development																															
SP	PIA-Natelli Communities, Gaithersburg, MD							X																								
	Real estate development company																															
SP	Piatti Restaurant Co., Tiburon, CA									X				X															X			
	Restaurant operating company																															
SP	Potomac Investment Assoc., Gaithersburg, MD									X				X			X												X			
	Real estate development company																															
SP	Read-Rite Corp., Milpitas, CA							X																								
	Public common stock																															
JT	Robert Half International									X																						
	Public common stock																															
SP	San Ysidro Ranch, LP Montecito, CA						X																									
	Owns resort hotel																															
SP	San Ysidro Ranch Management Co.							X																								
	Montecito, CA Manages resort hotel																															
SP	Stoneridge LLC Real Estate Partnership								X																							P
SP	TellLabs, Inc. Common stock							X									X												X			S

This page may be copied if required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Thirteen Hundred One Sansome LLC	H			P
	Real Estate partnership				
SP	Truk-gate Associates, LP	H			
	Real Estate partnership				
SP	Union Bank , San Francisco, CA	C	INTEREST	III	
	Savings account				
SP	Vanguard Airlines, Inc.	F			P
	Public common stock				
JT	Wells Fargo Bank, San Francisco, CA	D	INTEREST	III	
	Savings account				
JT	Alpine Place, Alpine Meadows, CA	F			
	Condominium apartment				
SP	45 Belden Place, San Francisco, CA	I	RENT	IX	
	Four story commercial building				
SP	3239 Webster St., San Francisco, CA	H	RENT	VII	
	Single family residence				
JT	Skellenger Lane, Napa, CA	H	RENT	IX	
	8 acre vineyard				
JT	Zinfandel Lane, St. Helena, CA	I	RENT	IX	
	18 acre vineyard and rental property				
JT	1600 Atlas Peak Road, Napa, CA	G	RENT	VII	P
	Real estate investment				

This page may be copied if more space is required.

2923

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	25 Point Lobos, SF, CA Commercial property									X					X														X			P

SCHEDULE IV — TRANSACTIONS

Name: Nancy Pelosi

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
SP	Advanced Fibre Communications Common Stock	X			3/11/97		X								
SP	Berringer Wine Estates Common Stock	X			10/28/97	X									
SP	Carey International (Preferred to common)			X	6/1/97						X				
SP	Hambrecht & Quist Common Stock (increase Invest)	X			10/28/97				X						
SP	Hambrecht & Quist Common Stock (partial sale)		X		12/9/97				X						
SP	Mercury Interactive Common Stock	X			1/1/97		X								
SP	Mosher Partners, LP (increased investment)	X			4/1/97			X							
SP	Pegasus, Common stock	X			8/12/97	X									
SP	Stoneridge LLC, Real estate partnership	X			12/30/97							X			
SP	Tellabs, Inc. Common stock (partial sale)		X		7/17/97				X						
SP	Vanguard Airlines Common Stock (increased invest)	X			10/31/97			X							
SP	Unitrode Corp. Common Stock	X			11/11/97		X								
SP	Unitrode Corp. Common Stock		X		12/31/97		X								
SP	Force Energy, Common stock			X	10/24/97	X									
SP	Grantline 208, Real estate investment			X	12/30/97						X				
SP	Thirteen Hundred One Sansome LLC (real estate)	X			10/10/97						X				

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name: Nancy Pelosi

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
JT	1600 Atlas Peak Road, Napa, CA Real estate investment	X			4/16/97					X					
SP	25 Point Lobos, San Francisco, Commercial property	X			9/11/97							X			

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Placer Savings, CA	Mortgage on Alpine Place Alpine Meadows, CA			X							
SP	Home Savings, CA	Mortgage on 3239 Webster St. San Francisco, CA					X					
SP	Wells Fargo Bank	Mortgage on 45 Belden Place San Francisco, CA							X			
JT	Bank of America, CA	Mortgage on 11 Zinfandel Lane St. Helena, CA							X			
JT	World Savings, CA	Mortgage on 1600 Atlas Peak Rd. Napa, CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	First Union, NC	Mortgage on 25 Point Lobos San Francisco, CA							X			
SP	Nations Bank, Washington, DC	Line of Credit					X					
SP	Union Bank, San Francisco, CA	Line of Credit						X				
SP	Hambrecht & Quist, San Francisco, CA	Margin Account							X			
SP	Portsmouth Securities, San Francisco, CA	Margin Account		X								
SP	Golden Gate Bank, San Francisco, CA	Loan RE: 1301 Sansome LLC					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Congressional Retreat, Hershey, PA	March 7-9	Travel paid personally	Y	Y	Y	N
	World Affairs Council Asylomar Conference, Monterey, CA	May 2	Travel paid personally	Y	Y	Y	N
	Women in Congress Symposium University of Arizona	Sept. 19-20	Wash.DC-Phoenix-Flagstaff - Washington, DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	National Italian American Foundation
Board of Directors	World Center

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1998 46-260 (mac)

Use additional sheets if more space is required.

Continued in H. Doc. 105–280, Vol. 3 of 3

BOSTON PUBLIC LIBRARY
3 9999 06352 833 3